2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727878

FILED Jan 18, 2008 Secretary of State

Entity Name: LAKE JUNE HILLS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 0811 LAKE PLACID LAKE PLACID, FL 33852 US **Current Mailing Address: New Mailing Address:** P.O. BOX 1439 LAKE PLACID, FL 33862 US FEI Number: 59-2327672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARD, BILL EMBICK, JAMES 109 WESLEY WAY 145 JADE WAY LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 US US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: BILL CARD 01/18/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition EMBICK, BARBARA Name: Name: 109 WESLEY WAY Address: Address: City-St-Zip: LAKE PLACID, FL 33852 City-St-Zip: Title: Title: () Delete () Change () Addition Name: CANNE, DON Name: Address: 132 JADE WAY Address: City-St-Zip: LAKE PLACID, FL 33852 City-St-Zip: Title: Title: (X) Change () Addition () Delete EMBICK, JIM Name: CARD, BILL Name: 109 WESLEY WAY Address: Address: 145 JADE WAY City-St-Zip: LAKE PLACID, FL 33852 City-St-Zip: LAKE PLACID, FL 33852 Title: VΡ () Delete Title: (X) Change () Addition Name: CARD, WILBUR Name: GIBBS, BOB Address: 145 JADE WAY Address: 105 JADE WAY City-St-Zip: LAKE PLACID, FL 33852 City-St-Zip: LAKE PLACID, FL 33852 Title: () Delete Title: () Change () Addition SIMMERMAN, JACK Name: Name: 126 JADE WAY Address: Address: City-St-Zip: LAKE PLACID, FL 33852 City-St-Zip: Title: () Delete Title: (X) Change () Addition GIBBS, ROBERT E HAISCHER, TED Name: Name: Address: 132 HUNTLEY OAKS BLVD Address: 108 WESLEY WAY LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB GIBBS VP 01/18/2008