


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State


04-09-2007 90049 020 ****61.25

DOCUMENT # 746217 1. Entity Name LAKE JACKSON CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 303 US 27 SOUTH SEBRING, FL 33870 US			Mailing Address 303 US 27 SOUTH SEBRING, FL 33870 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1908426	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEAR, CYNTHIA 315 US HWY 27S SEBRING, FL 33870				7. Name and Address of New Registered Agent Name ALVIN BUCHANAN Street Address (P.O. Box Number is Not Acceptable) 2408 KAREN BLVD. City SEBRING FL Zip Code 33870	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Alvin Buchanan</i></u> <u><i>[Signature]</i></u> <u>4/3/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEAR, CYNTHIA		NAME		
STREET ADDRESS	315 US HWY 27 S		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP		
TITLE	TS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRITT, ROBIN		NAME		
STREET ADDRESS	4800 DUFFER LOOP		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33872		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEAPART, TERRY		NAME		
STREET ADDRESS	552 ARBUCKLE BRANCH RD		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDWARDS, EDWIN C		NAME	DIRECTOR	
STREET ADDRESS	1204 COUNTY RD 17 N		STREET ADDRESS	JAMES RAMOS	
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHAPMAN, SHIRLEY		NAME	DIRECTOR	
STREET ADDRESS	108 N. 18TH STREET		STREET ADDRESS	RAMOS, JAMES	
CITY-ST-ZIP	HAINES CITY, FL 33844		STREET ADDRESS	347 US HWY 27 SOUTH	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	SEBRING FL. 33870	
STREET ADDRESS			STREET ADDRESS	DIRECTOR	
CITY-ST-ZIP			CITY-ST-ZIP	RIVERA, AIDA	
				355 US HWY 27 SOUTH	
				SEBRING FL. 33870	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> <u>4/3/07</u> <u>863-253-6221</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



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ATTACHMENT

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Principal Place of Business 303 US 27 SOUTH SEBRING, FL 33870 US			Mailing Address 303 US 27 SOUTH SEBRING, FL 33870 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		40052807	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04032007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-1908426	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEAR, CYNTHIA 315 US HWY 27S SEBRING, FL 33870			7. Name and Address of New Registered Agent Name <u>ALVIN BUCHANAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>2408 KAREN BLVD.</u> City <u>SEBRING</u> FL Zip Code <u>33870</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Alvin Buchanan</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/3/07</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEAR, CYNTHIA 315 US HWY 27 S SEBRING, FL 33870	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CHAPMAN, SHIRLEY 309 US HWY 27 SOUTH SEBRING FL. 33870	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BRITT, ROBIN 4800 DUFFER LOOP SEBRING, FL 33872	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER BUCHANAN, MARIA 2408 KAREN BLVD SEBRING FL. 33870	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEAPART, TERRY 552 ARBUCKLE BRANCH RD SEBRING, FL 33870	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BRITT, ROBIN 4800 DUFFER LOOP SEBRING FL. 33872	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, EDWIN C 1204 COUNTY RD 17 N SEBRING, FL 33870	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BUCHANAN, ALVIN 2408 KAREN BLVD. SEBRING FL. 33870	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHAPMAN, SHIRLEY 108 N. 18TH STREET HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HARTLEY, MARIA 325 US HWY 27 SOUTH SEBRING FL. 33870	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
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SIGNATURE: <u>Alvin Buchanan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/3/07</u> Daytime Phone # <u>863-253-6221</u>		

ATTACHMENT

40052807
#746217

**LAKE JACKSON CONDO ASSOCIATION, INC.
DOCUMENT # 746217
NEW BOARD FOR 2007**

PRESIDENT

Shirley Chapman
309 US Hwy 27 S.
Sebring Fl 33810

SECRETARY

Robin Britt
4800 Duffer Loop
Sebring Fl. 33872

TREASURER

Maria Buchanan
2408 Karen Blvd
Sebring Fl. 33870

DIRECTOR

Alvin Buchanan
2408 Karen Blvd
Sebring Fl. 33870

DIRECTOR

Maria Hartley
325 US Hwy 27 South
Sebring Fl. 33870

DIRECTOR

James Ramos
347 US Hwy 27 South
Sebring Fl. 33870

DIRECTOR

Aida Rivera
355 US Hwy 27 South
Sebring Fl. 33870