## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 746217** 

FILED Apr 21, 2008 Secretary of State

Entity Name: LAKE JACKSON CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 303 US 27 SOUTH SEBRING, FL 33870 US **Current Mailing Address: New Mailing Address:** 303 US 27 SOUTH SEBRING, FL 33870 US FEI Number: 59-1908426 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: BUCHANAN, ALVIN 2408 KAREN BLVD SEBRING, FL 33870 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition RAMOS, JAMES RAMOS, JAMES Name: Name: 347 U.S. HWY 27 SOUTH Address: 347 U.S. HWY 27 SOUTH Address: City-St-Zip: SEBRING, FL 33870 City-St-Zip: SEBRING, FL 33870 Title: Title: (X) Change ( ) Addition () Delete Name: RIVERA, AIDA Name: HALUCHA, DEANNE Address: 355 US HWY 27 SOUTH Address: 305 US HWY 27 SOUTH City-St-Zip: SEBRING, FL 33870 City-St-Zip: SEBRING, FL 33870 Title: () Delete Title: ( ) Change (X) Addition CHAPMAN, SHIRLEY Name: Name: 309 US HWY 27 SOUTH Address: Address: City-St-Zip: City-St-Zip: SEBRING, FL 33870 Title: () Delete Title: ( ) Change (X) Addition Name: Name: BUCHANAN, MARIA L 2408 KAREN BLVD Address: Address: City-St-Zip: City-St-Zip: SEBRING, FL 33870 Title: () Delete Title: ( ) Change (X) Addition HARTLEY, MARIA Name: Name: 325 US HWY 27 SOUTH Address: Address: City-St-Zip: City-St-Zip: SEBRING, FL 33870 Title: () Delete Title: ( ) Change (X) Addition HURLBUTT, MARY Name: Name: Address: Address: 4206 TALBOT STREET SEBRING, FL 33872 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: ALVIN BUCHANAN D 04/21/2008