

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # 747789

1. Entity Name
LAKE DWELLERS COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**1614 RAINCROW DR
JACKSONVILLE, FL 32259 US**

Mailing Address
**1614 RAINCROW DR
JACKSONVILLE, FL 32259 US**



01282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WHITE, ANDREW
1614 RAINCROW DR
JACKSONVILLE, FL 32259**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000901133
04/23/08-80056-018 61.25

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	BOWDEN, LAURA
STREET ADDRESS	1622 RAINCROW DR
CITY-ST-ZIP	JACKSONVILLE, FL 32259

TITLE	PD
NAME	WHITE, ANDREW
STREET ADDRESS	1614 RAINCROW DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32259

TITLE	VD
NAME	BOOTH, ANDY
STREET ADDRESS	1558 BELUTHAHATCHEE RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32259

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Laura Bowden STD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-08
Date

904-287-1612
Daytime Phone #