

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAR -3 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 752743 (5)**

1. Corporation Name

**LAKE PRESERVATION ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O ROBERT F. BARTLETT  
4535 HUNTINGTON RD.  
JACKSONVILLE FL 32210  
US

C/O ROBERT F. BARTLETT  
4535 HUNTINGTON ROAD  
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1980

3a. Date of Last Report

02/21/1994

4. FEI Number

59-2244158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

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

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☒

**\$68.75 Supplemental  
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, JOHN J., JR.  
4444 COUNTRY CLUB RD.  
JACKSONVILLE FL 32210

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and the if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                       |
|----------------|-----------------------|
| TITLE          | PD                    |
| NAME           | BARTLETT, ROBERT F    |
| STREET ADDRESS | 4535 HUNTINGTON RD.   |
| CITY- ST- ZIP  | JACKSONVILLE FL       |
| TITLE          | SD                    |
| NAME           | ALLEN, JOHN J., JR.   |
| STREET ADDRESS | 4444 COUNTRY CLUB RD. |
| CITY- ST- ZIP  | JACKSONVILLE FL       |
| TITLE          | VD                    |
| NAME           | STARK, ROBERT N.      |
| STREET ADDRESS | 4513 HUNTINGTON RD.   |
| CITY- ST- ZIP  | JACKSONVILLE FL       |
| TITLE          | TD                    |
| NAME           | NORTH, WILBUR H.      |
| STREET ADDRESS | 4436 COUNTRY CLUB RD. |
| CITY- ST- ZIP  | JACKSONVILLE FL       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY- ST- ZIP  |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY- ST- ZIP  |                       |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY- ST- ZIP  |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY- ST- ZIP  |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY- ST- ZIP  |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY- ST- ZIP  |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY- ST- ZIP  |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY- ST- ZIP  |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 and that I am duly authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block A, 13(a) (omitted), as an officer or director with an address.

**SIGNATURE: WILBUR H. NORTH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-28-95 (904) 389-5510**