2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 754662

1. Entity Name
LAKE JUNE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

300 LAKE JUNE DR.
LAKE PLACID, FL 33852

Mailing Address

300 LAKE JUNE DR.
LAKE PLACID, FL 33852

DO NOT WRITE IN THIS SPACE

01062005   No Chg-NP   CR2E037 (10/03)

4. FEI Number		Applied For
59-2282401		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WUDTKE, LYNN
300 LAKE JUNE DRIVE
LAKE PLACID, FL 33852

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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 reinstating)   DATE

**Filing Fee is $61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	DST
NAME	WUDTKE, LYNN
STREET ADDRESS	300 LAKE JUNE DRIVE
CITY-ST-ZIP	LAKE PLACID, FL 33852

TITLE	PD
NAME	DORN, TOM
STREET ADDRESS	18451 SPANISH ISLES PLACE
CITY-ST-ZIP	BOCA RATON, FL 33496

TITLE	VPD
NAME	HENNING, CARL
STREET ADDRESS	1700 NE 20TH ST.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

01/12/05-80108-019 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   Lynn Wudtke   1-6-05   Secretary/Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #