2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State
03-16-2004 90041 022 ****61.25

DOCUMENT # 771320

1. Entity Name

LAKE JEFFERY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~RT 8 BOX 560~~ N.W AUBURN PLACE LAKE CITY FL 32055	RT 8 BOX 570 LAKE CITY FL 32055 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
P.O. Box 1765	P.O. Box 1765
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE	City & State: LAKE CITY, FL.
Zip: Country:	Zip: 32056-1765 Country: USA

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRAWFORD, STANLEY RT 8 BOX 559 LAKE CITY FL 32055	Name: JOHNSON, PETER Street Address (P.O. Box Number is Not Acceptable): 353 N.W. AUBURN PLACE City: LAKE CITY, FL. FL Zip Code: 32056 ~~1765~~

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: Peter Johnson PETER JOHNSON 03/14/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	S MCGHEE, DONNA RT 8 BOX 563 LAKE CITY FL 32055	☐ Delete	SEC. MCGHEE, DONNA P.O. BOX 1765 LAKE CITY, FL. 32056-1765	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VEDOVA, RONALD RT 8 BOX 553 LAKE CITY FL 32055	☑ Delete	ACTING TREASURER JOHNSON, DORIS P.O. BOX 1765 LAKE CITY, FL. 32056-1765	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRADTMUELLER, RON RT 8 BOX 557 LAKE CITY FL 32055	☐ Delete	DIRECTOR BRADTMUELLER, RON P.O. BOX 1765 LAKE CITY, FL. 32056-1765	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV TIDWELL, TERRY RT 8 BOX 567 LAKE CITY FL 32055	☑ Delete	DIRECTOR MCGHEE, TOM P.O. BOX 1765 LAKE CITY, FL. 32056-1765	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, PETER P.O. BOX 2407 LAKE CITY FL 32056	☐ Delete	PRESIDENT, DIRECTOR JOHNSON, PETER P.O. BOX 1765 LAKE CITY, FL. 32056-1765	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ADDITION JARRELL, MIKE DR. P.O. BOX 1765 LAKE CITY, FL. 32056-1765	~~Delete~~	VICE PRESIDENT, DIRECTOR OWENS, FRANK P.O. BOX 1765 LAKE CITY, FL. 32056-1765	☐ Change ☑ Addition

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: Peter Johnson PETER JOHNSON 03/14/04 386-752-9506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #