


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90092 047 ****61.25

DOCUMENT# 771320		
1. Entity Name LAKE JEFFERY OWNERS ASSOCIATION, INC.		

Principal Place of Business 102 NORTHWEST AUBURN PLACE LAKE CITY FL 32055	Mailing Address P.O. BOX 1765 LAKE CITY FL 32056-1765 US
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent JOHNSON, PETER 333 NW AUBURN PLACE LAKE CITY FL 32055		7. Name and Address of New Registered Agent Name Rob Edwards Street Address (P.O. Box Number is Not Acceptable) 154 NW Cypress Cove Dr. City LAKE City FL Zip Code 32056	
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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 *Rob Edwards* DATE **5/1/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGHEE, DONNA			NAME	PETER JOHNSON		
STREET ADDRESS	P.O. BOX 1765			STREET ADDRESS	P.O. Box 1765		
CITY-ST-ZIP	LAKE CITY FL 32056-1765			CITY-ST-ZIP	LAKE City, FL 32056		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, DORIS			NAME			
STREET ADDRESS	P.O. BOX 1765			STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY FL 32056-1765			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADTMUELLER, RON			NAME	RON BRADTMUELLER		
STREET ADDRESS	P.O. BOX 1765			STREET ADDRESS	P.O. Box 1765		
CITY-ST-ZIP	LAKE CITY FL 32056-1765			CITY-ST-ZIP	LAKE City, FL 32056		
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, PETER			NAME	Rob EDWARDS		
STREET ADDRESS	P.O. BOX 1765			STREET ADDRESS	P.O. Box 1765		
CITY-ST-ZIP	LAKE CITY FL 32056-1765			CITY-ST-ZIP	LAKE City, FL 32056		
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	OWENS, FRANK			NAME	T.D. JENKINS		
STREET ADDRESS	P.O. BOX 1765			STREET ADDRESS	P.O. Box 1765		
CITY-ST-ZIP	LAKE CITY FL 32056-1765			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	MIKE JARRELL		
STREET ADDRESS				STREET ADDRESS	P.O. Box 1765		
CITY-ST-ZIP				CITY-ST-ZIP	LAKE City, FL		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Doris Johnson* **5/1/06** **386** **754-0076**