



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90088 027 ****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	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent EDWARDS, ROB 154 NW CYPRESS COVE DR LAKE CITY, FL 32056			7. Name and Address of New Registered Agent Name RONALD L. BRADTMUELLER Street Address (P.O. Box Number is Not Acceptable) 234 NW CYPRESS COVE DR, City LAKE CITY FL Zip Code 32056		
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 RONALD L. BRADTMUELLER <small>Signature, typed or printed name of registered agent and title if applicable</small>		Ronald L. Bradtmueller <small>(NOTE: Registered Agent signature required when reinstating)</small>		7-10-07 <small>DATE</small>	
Filing Fee Is \$61.25 Due by September 14, 2007		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, PETER P.O. BOX 1765 LAKE CITY, FL 320561765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, DORIS P.O. BOX 1765 LAKE CITY, FL 320561765	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP T BRADTMUELLER, RON P.O. BOX 1765 LAKE CITY, FL 320561765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP T BRADTMUELLER PO BOX 1765 LAKE CITY FL 32056 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDWARDS, ROB P.O. BOX 1765 LAKE CITY, FL 320561765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, T.D. P.O. BOX 1765 LAKE CITY, FL 320561765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARRELL, MIKE POB 1765 LAKE CITY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Ronald L. Bradtmueller <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7-10-07 <small>Date</small>		386-397-3378 <small>Daytime Phone #</small>