

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**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**



01292008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BRADTMULLER9, RONALD  
234 NW CYPRESS COVE DR  
LAKE CITY, FL 32056**

**DO NOT WRITE  
IN THIS SPACE**

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. Bradtmuller*  
Signature, typed or printed name of registered agent and title if applicable.

**RONALD L. BRADTMULLER**  
(NOTE: Registered Agent signature required when reinstating)

**1-29-08**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	S
NAME	JOHNSON, PETER
STREET ADDRESS	P.O. BOX 1765
CITY-ST-ZIP	LAKE CITY, FL 320561765
TITLE	VP
NAME	BRADTMULLER, RON
STREET ADDRESS	PO BOX 1765
CITY-ST-ZIP	LAKE CITY, FL 320561765
TITLE	P
NAME	EDWARDS, ROB
STREET ADDRESS	P.O. BOX 1765
CITY-ST-ZIP	LAKE CITY, FL 320561765
TITLE	D
NAME	JENKINS, T.D.
STREET ADDRESS	P.O. BOX 1765
CITY-ST-ZIP	LAKE CITY, FL 320561765
TITLE	D
NAME	JARRELL, MIKE
STREET ADDRESS	POB 1765
CITY-ST-ZIP	LAKE CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/08-80073-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

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. Bradtmuller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RONALD L. BRADTMULLER**  
Date

**1-29-08**  
Daytime Phone #