

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 24, 2009
Secretary of State

DOCUMENT# 771320

Entity Name: LAKE JEFFERY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**102 NORTHWEST AUBURN PLACE
LAKE CITY, FL 32055**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 1765
LAKE CITY, FL 320561765 US**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BRADTMULLER, RONALD L TREASUR
234 NW CYPRESS COVE DR
LAKE CITY, FL 32056 US**Name and Address of New Registered Agent:**GUST, GERALD W TREASUR
154 NW CYPRESS COVE DR.
LAKE CITY, FL 32055 US

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.

SIGNATURE: GERALD W. GUST

10/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: S () Delete
Name: JOHNSON, PETER
Address: P.O. BOX 1765
City-St-Zip: LAKE CITY, FL 320561765Title: VP () Delete
Name: BRADTMULLER, RON
Address: PO BOX 1765
City-St-Zip: LAKE CITY, FL 320561765Title: P () Delete
Name: EDWARDS, ROB
Address: P.O. BOX 1765
City-St-Zip: LAKE CITY, FL 320561765Title: D () Delete
Name: JENKINS, T.D.
Address: P.O. BOX 1765
City-St-Zip: LAKE CITY, FL 320561765Title: D () Delete
Name: JARRELL, MIKE
Address: POB 1765
City-St-Zip: LAKE CITY, FLTitle: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: P (X) Change () Addition
Name: GONZALEZ, EDWIN
Address: P.O. BOX 1765
City-St-Zip: LAKE CITY, FL 320561765Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: EDWARDS, ROB
Address: POB 1765
City-St-Zip: LAKE CITY, FL 32056Title: D () Change (X) Addition
Name: GONZALEZ, EDWIN
Address: POB 1765
City-St-Zip: LAKE CITY, FL 32056

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD W. GUST

TRES

10/24/2009

Electronic Signature of Signing Officer or Director

Date