
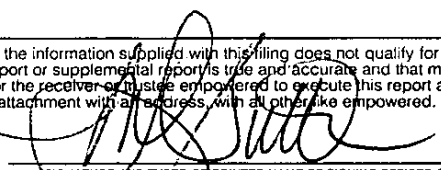


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90098 003 ****61.25

DOCUMENT # N01000006620 1. Entity Name LOIS ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 463499 SR 200 YULEE, FL 32097			Mailing Address P O BOX 1987 YULEE, FL 32041 US		
2. Principal Place of Business		3. Mailing Address 2039 Southe / Dr. Suite, Apt. #, etc. c/o Gerald P. Jones CPA, PA City & State Jacksonville, FL Zip 32208 Country Duval			
Suite, Apt. #, etc.		4. FEI Number 59-3750913			
City & State		Applied For <input type="checkbox"/> Not Applicable			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POWELL, TERRELL J 463499 STATE RD. 200 YULEE, FL 32097			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SUTTON, MEKEBA <input type="checkbox"/> Delete 10859 NATALIE ASH DRIVE JACKSONVILLE, FL 32218		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D BADGER, ROYCE <input type="checkbox"/> Delete 10883 NATALIE ASH DRIVE JACKSONVILLE, FL 32218		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D HIERREZUELO, CHARLESETTA <input type="checkbox"/> Delete 3454 NATALIE DRIVE S JACKSONVILLE, FL 32218		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D TARRANCE, ANDRE' J <input type="checkbox"/> Delete 3465 NATALIE MEL LANE JACKSONVILLE, FL 32218		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, BOOKER <input type="checkbox"/> Delete 3485 NATALIE DRIVE N JACKSONVILLE, FL 32218		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 2/22/06 Daytime Phone #					