

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

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000006620

1. Entity Name
LOIS ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
10836 JESSICA ASH DRIVE
JACKSONVILLE, FL 32218 US

Mailing Address
2039 SOUTEL DRIVE
C/O GERALD P. JONES CPA, PA
JACKSONVILLE, FL 32208 US



04232008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3750913

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, GERALD P CPA
2039 SOUTEL DR.
JACKSONVILLE, FL 32208

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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 _____

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

(NOTE: Registered Agent signature required when reappointing)

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 NAME STREET ADDRESS CITY-ST-ZIP	P CHISHOLM, EVELYN 10836 JESSICA ASH DRIVE JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, JOSEPH SR 3467 JESSICA MEL LANE JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHARLSETTA, FRANKLIN 3454 NATALIE DRIVE JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRYANT, JANET 3453 NATALIE DR. JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD HALL, RODNEY 10828 JESSICA ASH DR JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD PATTERSON, CATHERINE 3485 NATALIE DRIVE N. JACKSONVILLE, FL 32218

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05/27/08-80070-017 61.25

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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

Daytime Phone #