

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002563

FILED  
May 06, 2008  
Secretary of State

**Entity Name:** ANGEL LAKES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

12390 VC JOHNSON ROAD  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 26598  
JACKSONVILLE, FL 32218

**New Mailing Address:**

**FEI Number:** 51-0448289      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LOTT, REGINALD  
5235 ANGEL LAKES DRIVE  
JACKSONVILLE, FL 32218      US

**Name and Address of New Registered Agent:**

OUSLEY, KIRK  
12627 ANGEL LAKES DRIVE WEST  
JACKSONVILLE, FL 32218      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: KIRK OUSLEY

05/06/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: V      ( ) Delete  
Name: LOTT, REGINALD  
Address: 5235 ANGEL LAKE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: P      ( ) Delete  
Name: SPATES, CARMEN  
Address: 12390 VC JOHNSON ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: S      ( ) Delete  
Name: WILLIAMS, GWENDOLYN  
Address: 12342 VC JOHNSON ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: V      (X) Change ( ) Addition  
Name: OUSLEY, KIRK  
Address: 12627 ANGEL LAKES DRIVE WEST  
City-St-Zip: JACKSONVILLE, FL 32218

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S      (X) Change ( ) Addition  
Name: JENKINS, KARLA  
Address: 12594 ANGEL LAKES DRIVE WEST  
City-St-Zip: JACKSONVILLE, FL 32218

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: CARMEN L SPATES

P

05/06/2008

Electronic Signature of Signing Officer or Director

Date