2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# N02000009013

Entity Name: LINDSEY'S CROSSING OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1403-3 DUNN AVE
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

1403-3 DUNN AVE
JACKSONVILLE, FL 32218 US

New Mailing Address:

FEI Number: 05-0541730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ERA DAN JOONES & ASSOCIATE, INC.
1403 DUNN AVE STE 3
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

ERA DAN JONES & ASSOCIATE, INC.
1403 DUNN AVE STE 3
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: SONJA INGRAM 04/18/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PERKINA, EMILY
Address: 1403-3 DUNN AVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD ( ) Delete
Name: WILLIAMS, TRACY
Address: 1403-3 DUNN AVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: VD ( ) Delete
Name: MORSTON, HEATHER
Address: 1403-3 DUNN AVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD (X) Delete
Name: NATHAN, CUTRIS
Address: 1403-3 DUNN AVE
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PERKINS, EMILY
Address: 1403-3 DUNN AVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD (X) Change ( ) Addition
Name: KINCHEN, MACORA
Address: 1403-3 DUNN AVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: VD (X) Change ( ) Addition
Name: OWENS, MICHAEL
Address: 1403-3 DUNN AVE
City-St-Zip: JACKSONVILLE, FL 32218

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

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: SONJA INGRAM MGR 04/18/2008
Electronic Signature of Signing Officer or Director Date