

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

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000001120

1. Entity Name
NORTH LAKE JESUP COMMUNITY, INC.



Principal Place of Business
**2030 PALM WAY
SANFORD, FL 32773**

Mailing Address
**PO BOX 950161
LAKE MARY, FL 32795**



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0441080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BURR, T. SHEPARD
2030 PALM WAY
SANFORD, FL 32773**

**DO NOT WRITE
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 reinstating) 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	P
NAME	BURR, SUISPARD T
STREET ADDRESS	2030 PALM WAY
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	V
NAME	FAUVRE, DAVID
STREET ADDRESS	P.O. BOX 4061
CITY-ST-ZIP	SANFORD, FL 32772
TITLE	T
NAME	BURR, T. SHEPARD
STREET ADDRESS	2030 PALM WAY
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000789450
01/22/08-80026-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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

T SHEPARD BURR

Date

Daytime Phone #

1/4/08 4073308899