

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90414 010 \*\*\*\*61.25

**DOCUMENT # N04000008807**

1. Entity Name  
LAKE RIDGE VILLAS NORTH AT FLEMING ISLAND  
PLANTATION CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
12740 GRAN BAY PKWY  
2400  
JACKSONVILLE, FL 32258

Mailing Address  
475 WEST TOWN PLACE  
SUITE 100  
SAINT AUGUSTINE, FL 32092

40087991



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052008

Chg-NP

CR2E037 (12/06)

4. FEI Number

20-1653851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEVERN TRENT SERVICES, INC  
C/O  
475 W TOWN PLACE, STE 100  
SAINT AUGUSTINE, FL 32092

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VP ☒ Delete  
NAME OPENSHAW, MARK  
STREET ADDRESS 12740 GRAN BAY PKWY #2400  
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE P ☐ Delete  
NAME WICKER, SARAH  
STREET ADDRESS 12740 GRAN BAY PKWY STE #2400  
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE DST ☒ Delete  
NAME BOYD, LISA  
STREET ADDRESS 6620 SOUTHPPOINT DR S, STE 400  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ST ☒ Delete  
NAME BOYD, LISA  
STREET ADDRESS 12740 GRAN BAY PKWY  
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Change ☒ Addition  
NAME JASON PEERY  
STREET ADDRESS 12740 GRAN BAY PKWY #2400  
CITY-ST-ZIP JAX, FL 32258

TITLE ☐ Change ☐ Addition  
NAME Lisa  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Change ☒ Addition  
NAME Gina Poleno  
STREET ADDRESS 12740 Gran Bay Parkway, Ste 2400  
CITY-ST-ZIP Jacksonville, FL 32258

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 titles empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08

Date

904-296-4551

Daytime Phone #