

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04491

FILED
Jan 14, 2008
Secretary of State

Entity Name: LAKE WAY OWNERS, INC.

Current Principal Place of Business:

1060 LAKEWAY DRIVE
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

1060 LAKEWAY DRIVE
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 59-2710772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, JAMES E.
135 E. JOHN SIMS PARKWAY
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARAWAY, GEORGE
Address: 1102 LAKE WAY DR.
City-St-Zip: NICEVILLE, FL 32578

Title: S () Delete
Name: ADAMS, PAM
Address: 1062 LAKE WAY DR
City-St-Zip: NICEVILLE, FL 32578

Title: TD () Delete
Name: LEATHERWOOD, JOHN
Address: 1060 LAKE WAY DR
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOHN LEATHERWOOD

TD

01/14/2008

Electronic Signature of Signing Officer or Director

Date