


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90012 033 ****61.25

DOCUMENT # N06000009834					
1. Entity Name LAKE JACKSON RIDGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 7087 GRAND NATIONAL DRIVE SUITE 100 ORLANDO, FL 32819			Mailing Address 7087 GRAND NATIONAL DRIVE SUITE 100 ORLANDO, FL 32819		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4327 SOUTH HIGHWAY 27			
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 421			
City & State		City & State CLERMONT, FLORIDA			
Zip	Country	Zip 34711	Country	4. FEI Number 20-5845318	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANE, PAUL 7087 GRAND NATIONAL DRIVE SUITE 100 ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name: KRISTIN C. NAILOS Street Address (P.O. Box Number is Not Acceptable): 2215 CLUSTER OAK DR. SUITE 2 City: CLERMONT FL Zip Code: 34711		
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: <u>Kristin C. Nailos</u> KRISTIN C. NAILOS March 19, 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME MCEWEN, TERRY C		<input type="checkbox"/> Delete		
STREET ADDRESS 18234 GREAT BLUE HERON DRIVE					
CITY-ST-ZIP GROVELAND, FL 34736					
TITLE VP	NAME JANNEY, DAVID		<input type="checkbox"/> Delete		
STREET ADDRESS 1710 LEE ROAD					
CITY-ST-ZIP ORLANDO, FL 32810					
TITLE SE/T	NAME DECKER, DANIEL		<input type="checkbox"/> Delete		
STREET ADDRESS 9943 LAKE LOUISA ROAD					
CITY-ST-ZIP CLERMONT, FL 34711					
TITLE 	NAME		<input type="checkbox"/> Delete		
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CITY-ST-ZIP					
TITLE	NAME		<input type="checkbox"/> Delete		
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CITY-ST-ZIP					
TITLE	NAME		<input type="checkbox"/> Delete		
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 like empowered.					
SIGNATURE: <u>DANIEL DECKER</u> 3-16-07 352-516-5687 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					