

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

FILED
Apr 14, 2008 08:00 A
Secretary of State

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

4327 SOUTH HIGHWAY 27
#421
CLERMONT, FL 34711



04032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-5845318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAILOS, KRISTIN
2215 CLUSTER OAK DR
SUITE 2
CLERMONT, FL 34711

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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

U000000896738
04/25/08-80019-017 61.25

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCEWEN, TERRY C
STREET ADDRESS 18234 GREAT BLUE HERON DRIVE
CITY-ST-ZIP GROVELAND, FL 34736

TITLE VP
NAME JANNEY, DAVID
STREET ADDRESS 1710 LEE ROAD
CITY-ST-ZIP ORLANDO, FL 32810

TITLE SE/T
NAME DECKER, DANIEL
STREET ADDRESS 9943 LAKE LOUISA ROAD
CITY-ST-ZIP CLERMONT, FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

DANIEL J. DECKER

4/9/08

Date

352-242-1068

Daytime Phone #