2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# N06000009834

Entity Name: LAKE JACKSON RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7087 GRAND NATIONAL DRIVE
SUITE 100
ORLANDO, FL 32819

New Principal Place of Business:

2803 PONKAN PINES DR.
APOPKA, FL 32712

Current Mailing Address:

4327 SOUTH HIGHWAY 27
#421
CLERMONT, FL 34711

New Mailing Address:

PO BOX 194
PLYMOUTH, FL 32768

FEI Number: 20-5845318 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FRENCH PROFESSIONAL MANAGEMENT, INC.
2803 PONKAN PINES DR.
APOPKA, FL 32712 US

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: BONNIE COLES 01/26/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCEWEN, TERRY C
Address: 18234 GREAT BLUE HERON DRIVE
City-St-Zip: GROVELAND, FL 34736

Title: VP ( ) Delete
Name: JANNEY, DAVID
Address: 1710 LEE ROAD
City-St-Zip: ORLANDO, FL 32810

Title: SE/T ( ) Delete
Name: DECKER, DANIEL
Address: 9943 LAKE LOUISA ROAD
City-St-Zip: CLERMONT, FL 34711

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SE (X) Change ( ) Addition
Name: DECKER, DANIEL
Address: 9943 LAKE LOUISA ROAD
City-St-Zip: CLERMONT, FL 34711

Title: T ( ) Change (X) Addition
Name: FRENCH PROFESSIONAL, MANAGEMENT, IN C .
Address: 2803 PONKAN PINES DR.
City-St-Zip: APOPKA, FL 32712

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: BONNIE COLES T 01/26/2009
Electronic Signature of Signing Officer or Director — Date