


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90044 038 ****61.25

DOCUMENT # N06000013153	
1. Entity Name LUMBER CREEK HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 6215 WILSON BLVD JACKSONVILLE, FL 32210	Mailing Address 6215 WILSON BLVD JACKSONVILLE, FL 32210
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #: etc.	3. Mailing Address Suite, Apt. #: etc.
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City & State	City & State
Zip	Country

40096213



04182007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-8121613	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RICHARDSON, LINDA J 6215 WILSON BLVD JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent
Name Towers, Elizabeth F.
Street Address (P.O. Box Number is Not Acceptable) 6215 Wilson Blvd.
City Jacksonville
State FL
Zip Code 32210

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><i>Elizabeth F. Towers</i></u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>4-30-07</u> (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TOWERS, WILLIAM B III 6215 WILSON BLVD JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TOWERS, ELIZABETH F III 6215 WILSON BLVD JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RICHARDSON, LINDA J 6215 WILSON BLVD JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/S/T Towers, Elizabeth F. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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><i>Elizabeth F. Towers</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>4-30-07</u> DAYTIME PHONE # <u>904-778-1882</u>