

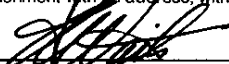


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000011048 1. Entity Name LAKE SEMINOLE ASSOCIATION, INC.						FILED 2008 APR 30 AM 10:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 1104 GARDENIA DR. TALLAHASSEE, FL 32312				Mailing Address 1104 GARDENIA DR. TALLAHASSEE, FL 32312				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country					
4. FEI Number <div style="text-align: right; font-size: 1.2em;">51-0662048</div>				Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent WAITS, THOMAS A 1104 GARDENIA DR. TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				
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 _____ <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, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PCEO WAITS, THOMAS A 1104 GARDENIA DR. TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOME, Hugh 8003 E. Cypress Dr. Donalsonville, GA 39845			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROCK, BUNNY M 1016 BOXWOOD DR. BAINBRIDGE, GA 39819	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELMAN LEE GARNER 122 Bowita St. Chattahoochee, FL 32324			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BINGHAM, FRASIER 215 W. COLLEGE AVE., APT. 504 TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENE MORGAN 612 Chattahoochee St. Chattahoochee, FL 32324			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BARBER, GORDON W 115 LAKESIDE LANE BAINBRIDGE, GA 39819	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEN CASTRO 7719 Howell Rd SNEADS, FL 32460			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, TOMMY 7641 PARADISE DR. DONALSONVILLE, GA 39845	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEVERLY CARR 675 Grady Cobb Road DONALSONVILLE, GA 39845			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIRT, HOMER B JR. 2054 DAIRY RD. SNEADS, FL 32460	<input type="checkbox"/> Delete		800127277748 04/30/08--01007--022 **70.00				<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:  Thomas A. Waits <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 4/28/08		Daytime Phone #: 850-385-4437		