2005 NOT-FOR-PROFIT CORPORATION

FILED AM

	ANNUAL REPORT				Jan 14, 2005 08:00 A		
1. Entity Nam	MENT # N07565 E LAKE CIVIC ASSOCIATION	1, INC.				etary of State	
% CHARLES 7598 OLD KI		Mailing Address % CHARLES F. WINNEY 7598 OLD KINGS RD. S. JACKSONVILLE, FL 32217					
D	OO NOT WRITE	CE	01072005 No Chg-NP CR2E037 (10/03) 4. FEI Number Applied For S9-2647427 Not Applied For Not Applied For See Required 5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current Reg	istered Agent				1 co i loquilou	
WINNEY, CHARLES F. JR 7598 OLD KINGS ROAD S JACKSONVILLE, FL 32217			DO NOT WRITE 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent synature required when renstating). DATE							
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Finar Trust Fund Contribution		5.00 May Be dded to Fees			
10.	OFFICERS AND DIF	ECTORS		,			
TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE	P WINNEY, CHARLES F JR. 7598 OLD_KINGS ROADS SOUTH JACKSONVILLE, FL 32217 TST		-				
NAME STREET ADDRESS CITY+ST-ZIP	RASEY, GEORIA 7514 OLD KINGS RD S JACKSONVILLE, FL 32217	· -			U0000018 01714705-80	1471 049-019 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, DAVID 7522 OLD KINGS ROAD, SOUTH JACKSONVILLE, FL 32217				NOT WR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADKINSON, WILLIAM 7560 OLD KINGS ROAD, SOUTH JACKSONVILLE, FL 32217			IN '	THIS SPA	CE	
TITLE			I				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

1-10-05