


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90265 015 ****61.25

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| DOCUMENT # N24880 1. Entity Name LITTLE LAKE JACKSON COVE CONDOMINIUM HOMEOWNERS ASSOCIATION, INC. |  |
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| Principal Place of Business 1763 US HWY 27 SOUTH SEBRING, FL 33870 | Mailing Address 1763 US HWY 27 SOUTH SEBRING, FL 33870 |
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20041036



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| 2. Principal Place of Business 1745 US 27 South Suite, Apt. #, etc. | 3. Mailing Address 1745 US 27 South Suite, Apt. #, etc. |
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04202005 Chg-NP CR2E037 (10/03)

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| City & State Sebring, FL | City & State Sebring, FL |
| Zip 33870 | Country Highlands |
| Zip 33870 | Country Highlands |

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| 4. FEI Number 59-2875717 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent FASSINO, FRANCIS 1763 US HWY 27 SOUTH SEBRING, FL 33870 | 7. Name and Address of New Registered Agent Name: Doreen McLean Street Address (P.O. Box Number is Not Acceptable): 1745 US 27 South City: Sebring FL Zip Code: 33870 |
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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: Doreen McLean DATE: 4/20/05
(NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$61.25 Due by May 1, 2005 | 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD FASSINO, FRANCIS 1763 US HWY 27 SOUTH SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MCLEAN, DOREEN 1745 US 27 SOUTH SEBRING, FL 33870 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD Jim Wood 1753 US 27 South Sebring, FL 33870 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | 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 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.

SIGNATURE: Doreen McLean DATE: 4/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR