


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90022 006 ****61.25

DOCUMENT # N24880 1. Entity Name LITTLE LAKE JACKSON COVE CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.																																																																																																																																						
Principal Place of Business 1745 US HWY 27 SOUTH SEBRING, FL 33870				Mailing Address 1745 US HWY 27 SOUTH SEBRING, FL 33870																																																																																																																																		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																				
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																				
City & State		City & State																																																																																																																																				
Zip	Country	Zip	Country	4. FEI Number 59-2875717																																																																																																																																		
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																		
6. Name and Address of Current Registered Agent MCLEAN, DOREEN 1745 US HWY 27 SOUTH SEBRING, FL 33870				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																		
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)</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																																																																																																																																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WOOD, JIM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1753 US 27 SOUTH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SEBRING, FL 33870</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCLEAN, DOREEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1745 US 27 SOUTH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SEBRING, FL 33870</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JAWAHIR, MARK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1763 US 27 S.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SEBRING, FL 33870</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	WOOD, JIM		STREET ADDRESS	1753 US 27 SOUTH		CITY-ST-ZIP	SEBRING, FL 33870		TITLE	D	<input type="checkbox"/> Delete	NAME	MCLEAN, DOREEN		STREET ADDRESS	1745 US 27 SOUTH		CITY-ST-ZIP	SEBRING, FL 33870		TITLE	D	<input type="checkbox"/> Delete	NAME	JAWAHIR, MARK		STREET ADDRESS	1763 US 27 S.		CITY-ST-ZIP	SEBRING, FL 33870		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete																																																																																																																																				
NAME	WOOD, JIM																																																																																																																																					
STREET ADDRESS	1753 US 27 SOUTH																																																																																																																																					
CITY-ST-ZIP	SEBRING, FL 33870																																																																																																																																					
TITLE	D	<input type="checkbox"/> Delete																																																																																																																																				
NAME	MCLEAN, DOREEN																																																																																																																																					
STREET ADDRESS	1745 US 27 SOUTH																																																																																																																																					
CITY-ST-ZIP	SEBRING, FL 33870																																																																																																																																					
TITLE	D	<input type="checkbox"/> Delete																																																																																																																																				
NAME	JAWAHIR, MARK																																																																																																																																					
STREET ADDRESS	1763 US 27 S.																																																																																																																																					
CITY-ST-ZIP	SEBRING, FL 33870																																																																																																																																					
TITLE		<input type="checkbox"/> Delete																																																																																																																																				
NAME																																																																																																																																						
STREET ADDRESS																																																																																																																																						
CITY-ST-ZIP																																																																																																																																						
TITLE		<input type="checkbox"/> Delete																																																																																																																																				
NAME																																																																																																																																						
STREET ADDRESS																																																																																																																																						
CITY-ST-ZIP																																																																																																																																						
TITLE		<input type="checkbox"/> Delete																																																																																																																																				
NAME																																																																																																																																						
STREET ADDRESS																																																																																																																																						
CITY-ST-ZIP																																																																																																																																						
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
STREET ADDRESS																																																																																																																																						
CITY-ST-ZIP																																																																																																																																						
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
NAME																																																																																																																																						
STREET ADDRESS																																																																																																																																						
CITY-ST-ZIP																																																																																																																																						
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
NAME																																																																																																																																						
STREET ADDRESS																																																																																																																																						
CITY-ST-ZIP																																																																																																																																						
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
NAME																																																																																																																																						
STREET ADDRESS																																																																																																																																						
CITY-ST-ZIP																																																																																																																																						
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
NAME																																																																																																																																						
STREET ADDRESS																																																																																																																																						
CITY-ST-ZIP																																																																																																																																						
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: <i>Doreen McLean</i> 2/25/08 8634713410 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																						