

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26112

FILED
Apr 24, 2006
Secretary of State

Entity Name: RUSS LAKE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O GARY B. THURMAN
1992 TRI COUNTY AIRPORT RD
BONIFAY, FL 32425

New Principal Place of Business:

C/O LORI JERNIGAN
3552 SEMINOLE LANE
BONIFAY, FL 32425

Current Mailing Address:

C/O CATHY REGISTER
P.O. BOX 1111
BONIFAY, FL 32425

New Mailing Address:

C/O LORI JERNIGAN
3552 SEMINOLE LANE
BONIFAY, FL 32425

FEI Number: 59-2964181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTER, CATHY
1992 TRI COUNTY AIRPORT RD
BONIFAY, FL 32425 US

Name and Address of New Registered Agent:

JERNIGAN, LORI
3552 SEMINOLE LANE
BONIFAY, FL 32425 US

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.

SIGNATURE: LORI JERNIGAN

04/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: REGISTER, CATHY
Address: P.O. BOX 1111
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: REGISTER, MARK
Address: RT 2 BOX 377R
City-St-Zip: BONIFAY, FL 32425

Title: SD () Delete
Name: JERNIGAN, LORI
Address: 3544 SEMINOLE LANE
City-St-Zip: BONIFAY, FL 32425

Title: PD () Delete
Name: TAYLOR, TERRY
Address: 3540 SEMINOLE LANE
City-St-Zip: BONIFAY, FL 32425

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JERNIGAN, JOEY
Address: 3552 SEMINOLE LANE
City-St-Zip: BONIFAY, FL 32425

Title: SD (X) Change () Addition
Name: JERNIGAN, LORI
Address: 3552 SEMINOLE LANE
City-St-Zip: BONIFAY, FL 32425

Title: D (X) Change () Addition
Name: REGISTER, MARK
Address: PO BOX 1111
City-St-Zip: BONIFAY, FL 32425

Title: D (X) Change () Addition
Name: TAYLOR, TERRY
Address: 3540 SEMINOLE LANE
City-St-Zip: BONIFAY, FL 32425

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHY REGISTER

D

04/24/2006

Electronic Signature of Signing Officer or Director

Date