

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N29526

1. Entity Name
**LAKE JACKSON RESERVATION COMMERCIAL
PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business
**2242 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 US**

Mailing Address
**3721 N. MONROE STREET
TALL., FL 32303 US**



04202007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3129692

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DORSEY, FRANK
401 E VIRGINIA STREET
TALL., FL 32301**

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000726123
05/03/07-80049-016 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SHERMAN, DOUGLAS
STREET ADDRESS 3721 N. MONROE ST.
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE TSD
NAME DORSEY, FRANK E
STREET ADDRESS 401 E VIRGINIA ST
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07 850 324 6300

Date

Daytime Phone #