2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N37261

1. Entity Name
JOHNS LAKE IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
17024 JOHNS LAKE DR. WINTER GARDEN, FL 34787	17024 JOHNS LAKE DR. WINTER GARDEN, FL 34787

DO NOT WRITE IN THIS SPACE

01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2898759

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HICKMAN, DONALD A.
17024 JOHNS LAKE DRIVE
WINTER GARDEN, FL 34787

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILSON SAM G.
STREET ADDRESS	17589 DEER ISLE CIR.
CITY-ST-ZIP	WINTER GARDEN, FL
TITLE	DT
NAME	MEGLER, ANN
STREET ADDRESS	17341 MAGNOLIA ISLAND BLVD
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	SD
NAME	HICKMAN, DONALD
STREET ADDRESS	17024 JOHNS LAKE DR.
CITY-ST-ZIP	WINTER GARDEN, FL
TITLE	VD
NAME	KLAUS, GERALD
STREET ADDRESS	17221 MAGNOLIA ISLAND BLVD
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	D
NAME	GRABLE, MARY L
STREET ADDRESS	131 LIVE OAK RD
CITY-ST-ZIP	WINTER GARDEN, FL
TITLE	P
NAME	GREENWOOD, CHARLES LEE
STREET ADDRESS	16725 BAY CLUB DR.
CITY-ST-ZIP	CLERMONT, FL 34711

UH1000445009
06/07/06-80026-018 61.25

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: _____ 1/12/06 407-659-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #