

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N37261**

1. Entity Name  
**JOHNS LAKE IMPROVEMENT ASSOCIATION, INC.**



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

Mailing Address  
**17024 JOHNS LAKE DR.  
WINTER GARDEN, FL 34787**



03032008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000869738  
04/09/08-80063-015 61.25

**10. OFFICERS AND DIRECTORS**

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

**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 another like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES LEE GREENWOOD

3/21/08

Date

4676540505

Daytime Phone #