2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2009
Secretary of State

DOCUMENT# N37261

Entity Name: JOHNS LAKE IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

17024 JOHNS LAKE DR.
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

17024 JOHNS LAKE DR.
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 59-2898759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	WILSON SAM G.,	
Address:	17589 DEER ISLE CIR.	
City-St-Zip:	WINTER GARDEN, FL	
Title:	DT	( ) Delete
Name:	MEGLER, ANN	
Address:	17341 MAGNOLIA ISLAND BLVD	
City-St-Zip:	CLERMONT, FL 34711	
Title:	SD	( ) Delete
Name:	HICKMAN, DONALD	
Address:	17024 JOHNS LAKE DR.	
City-St-Zip:	WINTER GARDEN, FL	
Title:	VD	( ) Delete
Name:	KLAUS, GERALD	
Address:	17221 MAGNOLIA ISLAND BLVD	
City-St-Zip:	CLERMONT, FL 34711	
Title:	D	( ) Delete
Name:	GRABLE, MARY L	
Address:	131 LIVE OAK RD	
City-St-Zip:	WINTER GARDEN, FL	
Title:	P	( ) Delete
Name:	GREENWOOD, CHARLES LEE	
Address:	16725 BAY CLUB DR.	
City-St-Zip:	CLERMONT, FL 34711	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: ANN MEGLER DT 02/21/2009

Electronic Signature of Signing Officer or Director — Date