

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90080 036 \*\*\*\*61.25

**DOCUMENT # N41222**

1. Entity Name  
**LAKE JOHIO WATERSIDE HOMEOWNER'S  
ASSOCIATION, INC.**



Principal Place of Business <b>2180 W. SR 434 SUITE 5000 LONGWOOD, FL 32779 US</b>	Mailing Address <b>2180 W. SR 434 SUITE 5000 LONGWOOD, FL 32779 US</b>
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2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03122008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3117652**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HART, JAMES W  
SENTRY MANAGEMENT, INC.  
2180 W. SR 434, SUITE 5000  
LONGWOOD, FL 32779**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	SIMON, BILL	
STREET ADDRESS	2711 CULLENS CT	
CITY-ST-ZIP	OCOE, FL 34761	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILBERT, BILL	
STREET ADDRESS	2752 CULLENS CT	
CITY-ST-ZIP	OCOE, FL 34761	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROWN, RICHARD	
STREET ADDRESS	2112 NEW VICTOR RD	
CITY-ST-ZIP	OCOE, FL 34761	
TITLE	D	<input type="checkbox"/> Delete
NAME	VELEZ, HECTOR	
STREET ADDRESS	2139 NEW VICTOR RD.	
CITY-ST-ZIP	OCOE, FL 34761	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DILLARD, DORCAS	
STREET ADDRESS	2783 CULLENS CT	
CITY-ST-ZIP	OCOE, FL 34761	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RYKIEL, STEVE	
STREET ADDRESS	12108 NEW VICTOR RD	
CITY-ST-ZIP	OCOE, FL 34761	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPANGLER, DON	
STREET ADDRESS	2757 CULLENS CT	
CITY-ST-ZIP	OCOE, FL 34761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #