

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 28 AM 8:57

DOCUMENT # N41697 (6)

1. Corporation Name
THE LINCOLN, RICHARDSON, WASHINGTON ESTATES COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
6826 RICHARDSON RD 6826 RICHARDSON RD
JACKSONVILLE FL 32209 JACKSONVILLE FL 32209
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/16/1991	3a. Date of Last Report 03/16/1994
4. FEI Number 59-3121479	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
25	29
Country	Country
30	

9. Name and Address of Current Registered Agent
**JONES, MARY L.
6826 RICHARDSON RD
JACKSONVILLE FL 32209**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE MARY L. JONES Mary L. Jones 6/19/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JONES, MARY L.
STREET ADDRESS	6826 RICHARDSON RD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	ANDERSON, JOE
STREET ADDRESS	7033 RICHARDSON RD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	S
NAME	LLOYD, HORTENSE
STREET ADDRESS	6581 RIBAUT RD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	GANTT, SARAH L.
STREET ADDRESS	5073 ANDREW ROBINSON
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	PRIME, JAMES
STREET ADDRESS	7153 RICHARDSON RD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	HAMP, WILLIAM J.
STREET ADDRESS	7066 RICHARDSON RD
CITY - ST - ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary L. Jones MARY L. JONES 6/19/95 904-768-465
Signature and Title of Officer or Director Date Telephone

CR2E037 (3/95)