

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

**FILED**

**Mar 10, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # N47255**

1. Entity Name  
**LAKE JULIANA RESERVE HOMEOWNER'S  
ASSOCIATION, INC.**



Principal Place of Business

**208 CHADWICK CT  
AUBURNDAL, FL 33823 US**

Mailing Address

**PO BOX 204  
POLK CITY, FL 33868 US**



03052008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3117196**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TRUE, MYRA-LEE  
208 CHADWICK CT  
AUBURNDAL, FL 33823**

**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 Myra-Lee D. True, Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-7-08

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**

**U00000953981  
03/26/08-80092-001 61.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRAUCKMULLER, RICK
STREET ADDRESS	4803 LK JULIANA RESERVE DR
CITY-ST-ZIP	AUBURNDAL, FL 33823
TITLE	D
NAME	CASTRO, RICK
STREET ADDRESS	4827 LK JULIANA RESERVE DR
CITY-ST-ZIP	AUBURNDAL, FL 33823
TITLE	D
NAME	SCOGGINS, WILL
STREET ADDRESS	4988 LK JULIANA RESERVE DR
CITY-ST-ZIP	AUBURNDAL, FL 33823
TITLE	DP
NAME	DRIGGERS, STEVE
STREET ADDRESS	4833 LK JULIANA RESERVE DR
CITY-ST-ZIP	AUBURNDAL, FL 33823
TITLE	T
NAME	TRUE, MYRA-LEE
STREET ADDRESS	208 CHADWICK CT
CITY-ST-ZIP	AUBURNDAL, FL 33823
TITLE	S
NAME	CASTRO, MIA
STREET ADDRESS	4827 LK JULIANA RESERVE DR.
CITY-ST-ZIP	AUBURNDAL, FL 33823

**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: Myra-Lee D. True (MYRA-LEE TRUE)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-08

Date

(863) 984-7244

Daytime Phone #