2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# N47255

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

Current Principal Place of Business:

208 CHADWICK CT
AUBURNDALE, FL 33823 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 204
POLK CITY, FL 33868 US

New Mailing Address:

FEI Number: 59-3117196 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRUE, MYRA-LEE
208 CHADWICK CT
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

TRUE, MYRA-LEE D TREAS.
208 CHADWICK CT
AUBURNDALE, FL 33823 US

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: MYRA-LEE D. TRUE 03/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BRAUCKMULLER, RICK
Address: 4803 LK JULIANA RESERVE DR
City-St-Zip: AUBURNDALE, FL 33823

Title: D ( ) Delete
Name: CASTRO, RICK
Address: 4827 LK JULIANA RESERVE DR
City-St-Zip: AUBURNDALE, FL 33823

Title: D ( ) Delete
Name: SCOGGINS, WILL
Address: 4988 LK JULIANA RESERVE DR
City-St-Zip: AUBURNDALE, FL 33823

Title: DP ( ) Delete
Name: DRIGGERS, STEVE
Address: 4833 LK JULIANA RESERVE DR
City-St-Zip: AUBURNDALE, FL 33823

Title: T ( ) Delete
Name: TRUE, MYRA-LEE
Address: 208 CHADWICK CT
City-St-Zip: AUBURNDALE, FL 33823

Title: S ( ) Delete
Name: CASTRO, MIA
Address: 4827 LK JULIANA RESERVE DR.
City-St-Zip: AUBURNDALE, FL 33823

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: TREA (X) Change ( ) Addition
Name: TRUE, MYRA-LEE D
Address: 208 CHADWICK CT
City-St-Zip: AUBURNDALE, FL 33823

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: MYRA-LEE D. TRUE TREA 03/13/2009
Electronic Signature of Signing Officer or Director Date