

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90203 049 ****61.25

DOCUMENT # N50225

1. Entity Name

LAKE GEORGE CRESCENT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

STATE RD. 309
GEORGETOWN FL 31239

Mailing Address

905 PATRICIA LANE
JACKSONVILLE FL 32250
US



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

59-3229543

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAKE GEORGE HOMEOWNERS ASSOC.
STATE RD. 309
GEORGETOWN FL 31239

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 VPS ☐ Delete
NAME DUKE, EVA
STREET ADDRESS 1223 PASTUER RD.
CITY-ST-ZIP BARTOW FL 33830

TITLE T ☐ Delete
NAME JONES, HAWKINBERRY
STREET ADDRESS 905 PATRICIA LANE
CITY-ST-ZIP JAX BEACH FL 32250

TITLE P/D ☐ Delete
NAME HAWKINBERRY, GREG
STREET ADDRESS 905 PATRICIA LANE
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE D ☐ Delete
NAME JONES, J M
STREET ADDRESS 1535 CLIFFORD JONES ROAD
CITY-ST-ZIP SCREVEN GA 31560

TITLE D ☐ Delete
NAME DUKES, RICKY
STREET ADDRESS 1223 PASTUER RD.
CITY-ST-ZIP BARTOW FL 33830

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Change ☐ Addition
NAME HAWKINBERRY, JEANNETTE
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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]* 4/25/06 (904) 241-1931