

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000004752

FILED  
Sep 08, 2010  
Secretary of State

**Entity Name:** LAKE NUMBER ONE OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

7645 GATE PARKWAY SUITE 202  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

3625 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

7645 GATE PARKWAY SUITE 202  
JACKSONVILLE, FL 32256

**New Mailing Address:**

3625 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207

**FEI Number:** 59-3599780

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

JONES, JAN M JR  
3625 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207 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:** JAN MALCOLM JONES, JR.

09/08/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** VD  
**Name:** SKINNER, A.C. III  
**Address:** 2963 DUPONT AVENUE  
**City-St-Zip:** JACKSONVILLE, FL 32217

**Title:** D  
**Name:** ZELEDON, JOHN  
**Address:** 6 PIEDMONT CENTER, SUITE 600  
**City-St-Zip:** ATLANTA, GA 30305

**Title:** D  
**Name:** JONES, JAN M JR  
**Address:** 3625 HENDRICKS AVENUE  
**City-St-Zip:** JACKSONVILLE, FL 32207

I hereby 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 all other like empowered.

**SIGNATURE:** JAN MALCOLM JONES, JR.

D

09/08/2010

Electronic Signature of Signing Officer or Director

Date