

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006641

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** JOHNS LAKE ESTATES HOMEOWNERS ASSOCIATION OF LAKE COUNTY, INC.

**Current Principal Place of Business:**

8141 54TH AVE N  
ST. PETERSBURG, FL 33709 US

**New Principal Place of Business:**

**Current Mailing Address:**

8141 54TH AVE N  
ST. PETERSBURG, FL 33709 US

**New Mailing Address:**

**FEI Number:** 59-3545383      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FLORIDA COMMUNITY PROPERTY MANAGEMENT, LLC  
8141 54TH AVE N.  
ST. PETERSBURG, FL 33709 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TR  
Name: KOHN, KATHY  
Address: 16023 HORIZON CT.  
City-St-Zip: CLERMONT, FL 34711

Title: SEC  
Name: AITKEN, NANCY  
Address: 12752 SPRING RUN  
City-St-Zip: CLERMONT, FL 34711

Title: VP  
Name: CAUGHEY, PATRICK  
Address: 16435 MEREDREW LN  
City-St-Zip: CLERMONT, FL 34711

Title: D  
Name: REININGER, KELLY  
Address: 12641 BAY BREEZE CT  
City-St-Zip: CLERMONT, FL 34711

Title: PD  
Name: DE MOTT, ROB  
Address: 16128 DENHAM CT  
City-St-Zip: CLERMONT, FL 34711

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: ROB DE MOTT

PD

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date