

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90061 003 ***150.00

DOCUMENT # P98000020762

1. Entity Name
 LAKE JOVITA GOLF ASSOCIATES, INC.



Principal Place of Business
 14651 21 STREET
 DADE CITY, FL 33523

Mailing Address
 14651 21 STREET
 DADE CITY, FL 33523

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



02222006 Chg-P CR2E034 (11/05)

4. FEI Number
 59-3514101 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, BILLY E
 14651 21 STREET
 DADE CITY, FL 33523

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHRADER, TERRENCE E	
STREET ADDRESS	P.O. BOX 205	
CITY-ST-ZIP	SAN ANTONIO, FL 335760205	
TITLE	D	<input type="checkbox"/> Delete
NAME	HINES, JAMES	
STREET ADDRESS	14651 21 STREET	
CITY-ST-ZIP	DADE CITY, FL 33523	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNNICUTT, JACK	
STREET ADDRESS	14651 21 STREET	
CITY-ST-ZIP	DADE CITY, FL 33523	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCBRIDE, CHARLES	
STREET ADDRESS	14651 21 STREET	
CITY-ST-ZIP	DADE CITY, FL 33523	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENGESBACH, ALAN F	
STREET ADDRESS	6122 BEAR TRAIL	
CITY-ST-ZIP	WEEKI WACHI, FL 34607	
TITLE	D	<input type="checkbox"/> Delete
NAME	OVERSTREET, C.M.	
STREET ADDRESS	14651 21 STREET	
CITY-ST-ZIP	DADE CITY, FL 33523	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, 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: Billy E. Schrader Executive Vice President 2/23/06 / 352/587-5133
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #