

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90296 001 ***211.25

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02252008

Chg-P

CR2E034 (12/06)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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** ☐ Delete
NAME **SCHRADER, TERRENCE E**
STREET ADDRESS **P.O. BOX 205**
CITY-ST-ZIP **SAN ANTONIO, FL 335760205**

TITLE **D** ☐ Delete
NAME **HINES, JAMES**
STREET ADDRESS **14651 21 STREET**
CITY-ST-ZIP **DADE CITY, FL 33523**

TITLE **D** ☐ Delete
NAME **HUNNICUTT, JACK**
STREET ADDRESS **14651 21 STREET**
CITY-ST-ZIP **DADE CITY, FL 33523**

TITLE **D** ☒ Delete
NAME **MCBRIDE, CHARLES**
STREET ADDRESS **14651 21 STREET**
CITY-ST-ZIP **DADE CITY, FL 33523**

TITLE **D** ☐ Delete
NAME **HENGESBACH, ALAN F**
STREET ADDRESS **6122 BEAR TRAIL**
CITY-ST-ZIP **WEEKI WACHI, FL 34607**

TITLE **D** ☐ 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 **D** ☐ Change ☒ Addition
NAME **BECHTELHEIMER, LEONA B**
STREET ADDRESS **18168 PARSONS ROAD**
CITY-ST-ZIP **BROOKSVILLE, FL 34601**

TITLE **D** ☐ Change ☒ Addition
NAME **LITTLE, DESMOND G**
STREET ADDRESS **9027 PENNANT COURT**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **D** ☐ Change ☒ Addition
NAME **LITTLE, PAUL R**
STREET ADDRESS **9027 PENNANT COURT**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **D** ☐ Change ☒ Addition
NAME **STRICKLAND, ROBERT W**
STREET ADDRESS **10175 S PLYMOUTH TERRACE**
CITY-ST-ZIP **HOMOSASSA, FL 34448**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/08 (352) 567-5133