

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000020760

**Entity Name:** LAKE JOVITA ASSOCIATES, INC.**Current Principal Place of Business:**14651 21ST STREET  
DADE CITY, FL 33523**Current Mailing Address:**P.O. BOX 278  
DADE CITY, FL 33526**FEI Number:** 59-3514097**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAMBERT, DAVID B  
14651 21ST STREET  
DADE CITY, FL 33523 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:** DAVID B. LAMBERT

04/11/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VICE PRESIDENT  
Name SCHRADER, TERRENCE E  
Address P.O. BOX 278  
City-State-Zip: DADE CITY FL 33526

Title PRESIDENT  
Name STRICKLAND, ROBERT W  
Address P.O. BOX 278  
City-State-Zip: DADE CITY FL 33526

Title DIRECTOR  
Name HENGESBACH, ALAN F  
Address P.O. BOX 278  
City-State-Zip: DADE CITY FL 33526

Title DIRECTOR  
Name BARTHLE, ROBERT  
Address P.O. BOX 278  
City-State-Zip: DADE CITY FL 33526

Title DIRECTOR  
Name HUNNICUTT, DAVID S  
Address P.O. BOX 278  
City-State-Zip: DADE CITY FL 33526

Title EXECUTIVE VICE PRESIDENT /  
GENERAL MANAGER  
Name LAMBERT, DAVID B  
Address P.O. BOX 278  
City-State-Zip: DADE CITY FL 33526

Title DIRECTOR  
Name LITTLE, DESMOND G  
Address P.O. BOX 278  
City-State-Zip: DADE CITY FL 33526

Title DIRECTOR  
Name LITTLE, PAUL R  
Address P.O. BOX 278  
City-State-Zip: DADE CITY FL 33526

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*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID B. LAMBERT

EXEC. V.P.

04/11/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY/TREASURER  
Name BECHTELHEIMER, PATRICIA P  
Address P.O. BOX 278  
City-State-Zip: DADE CITY FL 33526

Title DIRECTOR  
Name KINNEY, KIMBERLY L  
Address P.O. BOX 278  
City-State-Zip: DADE CITY FL 33526