

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90084 025 ****61.25

DOCUMENT # 704233 1. Entity Name SYLVESTER SHORES ASSOCIATION INC					
Principal Place of Business 2024 JOHN ARTHUR LAKELAND FL 33803			Mailing Address 2024 JOHN ARTHUR LAKELAND FL 33803		
2. Principal Place of Business 2247 NOTTINGHAM RD Suite, Apt. #, etc.		3. Mailing Address 2247 NOTTINGHAM RD Suite, Apt. #, etc.			
City & State LAKELAND FL		City & State LAKELAND, FL		4. FEI Number 59-2793225	
Zip 33803		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPECTER, HELEN I 2247 NOTTINGHAM RD LAKELAND FL 33803			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 \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RAGAN, TOM 2129 SYLVESTER CT. LAKELAND FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PHILIPS, HELEN 2247 NOTTINGHAM RD. LAKELAND, FL 00000		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CONNER, DANNY 2103 SYLVESTER CT. LAKELAND, FL 00000		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD RICHEY, SKIP 2003 HALLMARK COURT LAKELAND FL 33803		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: _____			Date 4/1/04 Daytime Phone # 863-293-5119		