


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

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90017 026 ****61.25

DOCUMENT # 734976 1. Entity Name LAKE HOWARD TERRACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 208 E LAKE HOWARD DRIVE WINTER HAVEN FL 33881				Mailing Address 208 E LAKE HOWARD DRIVE WINTER HAVEN FL 33881	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1881821	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FOX, FOXIE 208 E. LAKE HOWARD DR, #104 WINTER HAVEN FL 33881				Name Urias Eitnier Street Address (P.O. Box Number is Not Acceptable) 208 E Lake Howard Drive Unit # 403 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>Urias Eitnier</i> Signature, typed or printed name of registered agent and title if applicable </div> <div style="width: 40%; text-align: center;"> (NOTE: Registered Agent signature required when reinstating) </div> <div style="width: 20%; text-align: right;"> DATE 3/23/04 </div> </div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P EITNIER, URIAS 208 EAST LAKE HOWARD DR., #403 WINTER HAVEN FL 33881	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lowell Nelson 4213 Great Oak Road Rockville MD 20853	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOX, LORI 208 E. LAKE HOWARD DR., #104 WINTER HAVEN FL 33881	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dan Shields 8075 County Highway 58 Upper Sandusky, Ohio 43351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, SHARON J 208 E. LAKE HOWARD DR, #503 WINTER HAVEN FL 33881	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Barbara Cribbs 208 E Lake Howard Dr #203 Winter Haven, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BREWER, NORMAN 208 E. LAKE HOWARD DR, #202 WINTER HAVEN FL 33881	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Victor Schneider 208 E Lake Howard Dr # 302 Winter Haven, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director VP Stephen Long 208 E Lake Howard Dr #502 Winter Haven FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director S Benniewoodard 208 E Lake Howard Dr # 401 Winter Haven FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <i>Urias Eitnier</i> URIAS T EITNIER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 3/23/04 Daytime Phone # (863) 299-2442	