


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 743229</b> 1. Entity Name DRIFTWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 10960 PEPPERTREE LANE PT. RICHEY FL 34668 US		Mailing Address 10960 PEPPERTREE LANE PT. RICHEY FL 34668 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LICHTER, ROBERT 10960 PEPPER TREE LANE PORT RICHEY FL 34668				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b>   Zip Code</span>	
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 <i>Robert Lichter</i>		SIGNATURE <i>Robert Lichter</i>		DATE <i>3/1/05</i>	



1st MOORE CR2E037 (10/04)

4. FEI Number **59-1855919** Applied For Not Applicable

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

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD LICHTER, ROBERT <input type="checkbox"/> Delete 10960 PEPPERTREE LANE PORT RICHEY FL 34668	TITLE	U00000263590 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/14/05-80100-021 61.25
TITLE	PD GOMES, EVELYN <input type="checkbox"/> Delete 11109 SALT TREE LANE PORT RICHEY FL 34668	TITLE	U00000263590 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/14/05-80100-022 8.75
TITLE	VP CAMPBELL, GERTRUDE E <input type="checkbox"/> Delete 11115 ISLAND PINE DR. PORT RICHEY FL 34668	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S ZOLOBKOWSKI, DEBORAH <input type="checkbox"/> Delete 11041 ISLAND PINE DR. PORT RICHEY FL 34668	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D JOSEPH GOMES <input type="checkbox"/> Delete 11109 SALT TREE LANE PORT RICHEY FL 34668	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D CUSUMANO, PATRICIWA <input type="checkbox"/> Delete 11022 ISLAND PINE DR. PORT RICHEY FL 34668	TITLE	<input type="checkbox"/> Change <input 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: *Robert Lichter* **Robert Lichter** 3/1/05 (27)863-593