

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751528

**FILED  
Sep 08, 2004  
Secretary of State**

**Entity Name:** CONSERVATORY ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 391  
TALLEVAST, FL 34270

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 391  
TALLEVAST, FL 34270

**New Mailing Address:**

**FEI Number:** 59-2223334      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMPSON, STEPHEN W ESQ.  
1205 MANATEE AVENUE WEST  
BRADENTON, FL 34205 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SKOGLUND, LEONARD  
Address: 8065 ESTATES DR.  
City-St-Zip: SARASOTA, FL 34243

Title: V ( ) Delete  
Name: MCFARLANE, BILL  
Address: 8061 ESTATES DR.  
City-St-Zip: SARASOTA, FL 34243

Title: D ( ) Delete  
Name: QUINN, HERBERT  
Address: 5113 ESTATES CIRCLE  
City-St-Zip: SARASOTA, FL 34243

Title: D ( ) Delete  
Name: STANNISH, CORRINE  
Address: 7924 ESTATES DR.  
City-St-Zip: SARASOTA, FL 34243

Title: TD ( ) Delete  
Name: CRUCET, RAYMOND A  
Address: 8060 ESTATES DR.  
City-St-Zip: SARASOTA, FL 34243

Title: SD ( ) Delete  
Name: BECK, PEGGY  
Address: 8064 ESTATES DR.  
City-St-Zip: SARASOTA, FL 34243

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: DESOFI, OLIVER  
Address: 5101 ESTATES CIRCLE  
City-St-Zip: SARASOTA, FL 34243

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARD SKOGLUND

P

09/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date