


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

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90040 040 ****61.25

DOCUMENT # N00000002455
1. Entity Name
**LOT OWNERS ASSOCIATION OF BOSCHERT'S
SUBDIVISION, INC.**



Principal Place of Business Mailing Address
**3072 DEVILLA TRAIL 3072 DEVILLA TRAIL
SAINT CHARLES MO 63301 SAINT CHARLES MO 63301**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number Applied For
43-0948906 Not Applicable

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

6. Name and Address of Current Registered Agent
**ROSS, MICHAEL W
604 CRESTWOOD RD.
HOLMES BEACH FL 34217**

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

TITLE	PTDC	<input type="checkbox"/> Delete
NAME	BOSCHERT, VIRGINIA	
STREET ADDRESS	3072 DEVILLA TRAIL	
CITY-ST-ZIP	SAINT CHARLES MO 63301	
TITLE	T	<input type="checkbox"/> Delete
NAME	COX, BOB	
STREET ADDRESS	7408 RIVERVIEW DRIVE	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOSCHERT, ROBERT	
STREET ADDRESS	70 HUNTINGTON PARKWAY	
CITY-ST-ZIP	SAINT CHARLES MO 63301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Virginia C. Boschert, President* 3-11-04 (636)947-1950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #