

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007412

FILED
Apr 22, 2005
Secretary of State

Entity Name: SAMARA LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224

New Principal Place of Business:

4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 322249667

Current Mailing Address:

4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224

New Mailing Address:

4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 322249667

FEI Number: 20-0198362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SETZER, J. KEVIN
4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224 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: PD () Delete
Name: HOLZ, F. LOGAN
Address: 4315 PABLO OAKS COURT, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32224

Title: VD () Delete
Name: HOLDER, TOD
Address: 10475 FORTUNE PARKWAY, SUITE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: STD () Delete
Name: SETZER, J. KEVIN
Address: 4315 PABLO OAKS COURT, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HOLZ, F. LOGAN
Address: 4315 PABLO OAKS COURT, SUITE 1
City-St-Zip: JACKSONVILLE, FL 322249667

Title: DV (X) Change () Addition
Name: HOLDER, TOD
Address: 10475 FORTUNE PARKWAY, SUITE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: DST (X) Change () Addition
Name: SETZER, J. KEVIN
Address: 4315 PABLO OAKS COURT, SUITE 1
City-St-Zip: JACKSONVILLE, FL 322249667

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: J KEVIN SETZER

S

04/22/2005

Electronic Signature of Signing Officer or Director

Date