


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90183 023 \*\*\*\*61.25

**DOCUMENT # N03909**  
 1. Entity Name  
 LIONSGATE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business  
 1099 LIONSGATE LANE  
 GULF BREEZE, FL 32563

Mailing Address  
 1099 LIONSGATE LANE  
 GULF BREEZE, FL 32561



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 1099 LIONSGATE LN.  
 Suite, Apt. #, etc.

03032005 Chg-NP CR2E037 (10/03)

City & State  
 GULF BREEZE, FL.

4. FEI Number  
 59-2543075

Applied For  
 Not Applicable

Zip  
 Country

Zip  
 Country

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

6. Name and Address of Current Registered Agent  
 WEST, MIKE  
 1066 LIONSGATE LANE  
 GULF BREEZE, FL 32563

7. Name and Address of New Registered Agent  
 Name CLARENCE CORBIN  
 Street Address (P.O. Box Number is Not Acceptable)  
 1071 LIONSGATE LN.  
 City GULF BREEZE FL Zip Code 32563

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 Clarence Corbin CLARENCE CORBIN DATE 3-4-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	P WEST, MIKE 1066 LIONSGATE LANE GULF BREEZE, FL 32563 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ENGLER, RICHARD 1181 LIONSGATE LANE GULF BREEZE, FL 32563 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NELSON, JIM 1082 LIONSGATE LANE GULF BREEZE, FL 32563 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STERLING, CHRISTINE 1079 LIONSGATE LANE GULF BREEZE, FL 32563 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, KAREN 1101 LIONSGATE LANE GULF BREEZE, FL 32563 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINSTANLEY, FLORENCE 1128 LIONSGATE LANE GULF BREEZE, FL 32563 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WEST, MIKE 1066 LIONSGATE LN GULF BREEZE, FL 32563 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NELSON, JIM 1082 LIONSGATE LN GULF BREEZE, FL 32563 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CORBIN, CLARENCE 1071 LIONSGATE LN. GULF BREEZE, FL 32563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DAVIES, ROBERT 1062 LIONSGATE LN, GULF BREEZE, FL 32563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>FADDIS</del> , DIRECTOR FADDIS, NOEL 1075 LIONSGATE LN. GULF BREEZE, FL 32563 <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: Clarence Corbin CLARENCE CORBIN DATE 3-4-05 DAYTIME PHONE # 850-434-3219  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR