2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005
Secretary of State

DOCUMENT# N04000008205

Entity Name: LAKE LA VISTA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

147 CRESCENT DR
ANNA MARIA, FL 34216 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1359
ANNA MARIA, FL 342161359 US

New Mailing Address:

FEI Number: 20-1814131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALLAHAN, JAMES J
147 CRESCENT DR
ANNA MARIA, FL 34216 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:	CALLAHAN, JAMES J	
Address:	147 CRESCENT DR.	
City-St-Zip:	ANNA MARIA, FL 342161359 US	
Title:	VP	( ) Delete
Name:	MIZRAHI, DAVID	
Address:	131 CRESCENT DR.	
City-St-Zip:	ANNA MARIA, FL 34216 US	
Title:	S	( ) Delete
Name:	TAYLOR, IRMA	
Address:	148 CRESCENT DR.	
City-St-Zip:	ANNA MARIA, FL 34216 US	
Title:	T	( ) Delete
Name:	MIZRAHI, CAROL	
Address:	131 CRESCENT DR.	
City-St-Zip:	ANNA MARIA, FL 34216 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JAMES J. CALLAHAN PRES 03/04/2005

Electronic Signature of Signing Officer or Director — Date