

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90110 019 \*\*\*\*61.25

<b>DOCUMENT # N20718</b> 1. Entity Name <b>LOT 15, BLOCK 278, UNIT 13 HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>5511 GRANADA BLVD. SEBRING, FL 33872-1550</b>			Mailing Address <b>5511 GRANADA BLVD. SEBRING, FL 33872-1550</b>		
2. Principal Place of Business <b>5509 GRANADA BLVD</b>		3. Mailing Address <b>5509 GRANADA BLVD</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>SEBRING, FL</b>		City & State <b>SEBRING, FL</b>		4. FEI Number <b>59-2874675</b>	
Zip <b>33872-1550</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SANGER, ROBERT H 5511 GRANADA BLVD SEBRING, FL 33872-1550</b>			7. Name and Address of New Registered Agent Name <b>BIRECKI, CELINA</b> Street Address (P.O. Box Number is Not Acceptable) <b>5509 GRANADA BLVD</b> City <b>SEBRING</b> <b>FL</b> Zip Code <b>33872-1550</b>		
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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HINSKEY, LEE ANN 5509 GRANADA BLVD. SEBRING, FL 338721550	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHEARER, DAS 5507 GRANADA BLVD. SEBRING, FL 338721550	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEARER, GRACE 5507 GRANADA BLVD. SEBRING, FL 338721550	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANGER, ROBERT H 5511 GRANADA BLVD. SEBRING, FL 338721550	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD - S SHEARER, GRACE 5507 GRANADA BLVD SEBRING, FL 33872-1550	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BIRECKI, CELINA 5509 GRANADA BLVD SEBRING, FL 33872-1550	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input 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:** Celina Birecki Jan 12/05 (863)385-2894  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #