


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

**FILED**  
**May 25, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90448 048 \*\*\*\*61.25

**DOCUMENT # N31621**  
1. Entity Name  
**HOMEOWNERS OF LA CITA, PHASE II, INC.**



Principal Place of Business  
**740 LAKEWOOD LANE  
TITUSVILLE FL 32780  
US**

Mailing Address  
**P.O. BOX 2095  
TITUSVILLE FL 32781-2095  
US**

**66424042**



MOORE CR2E037 (11/03)

2. Principal Place of Business  
**3040 LA CITA LANE**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 2095**  
Suite, Apt. #, etc.

City & State  
**Titusville, FL**

City & State  
**Titusville, FL**

Zip  
**32780** Country **USA**

Zip  
**32780** Country **USA**

4. FEI Number  
**59-2949018**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CLARKE, SANDRA  
740 LAKEWOOD LANE  
TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent  
Name  
**William WELLS**  
Street Address (P.O. Box Number is Not Acceptable)  
**3040 LA CITA LANE**  
**Titusville, FL**  
City  
**FL** Zip Code  
**32780**

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 *W. T. Wells*  
Signature, typed or printed name of registered agent and title if applicable (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARKE, SANDRA 740 LAKEWOOD LANE TITUSVILLE FL 32780 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William Wells 3040 LA CITA LANE Titusville FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHUCK, LESLIE 685 LAKEWOOD LN TITUSVILLE FL 32780 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Director <input type="checkbox"/> Change <input type="checkbox"/> Addition Ellen Leslie 3100 LA CITA LN TITUSVILLE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMPSON, GORDON 2970 LA CITA LANE TITUSVILLE FL 32780 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARI JANE LEVA 740 LAKEWOOD LANE TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WD ELLEN, LESLIE 3100 LA CITA LN TITUSVILLE FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ERNEST PETERSON 2890 LA CITA LANE TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESLIE, CHUCK 685 LAKEWOOD LANE TITUSVILLE FL 32780 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition ED WEIST 625 LAKEWOOD LANE Titusville, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEIST, ED 625 LAKEWOOD LANE TITUSVILLE FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 *Sandra Clarke* **SANDRA CLARKE** **4/30/04** **321-268-9038**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #