


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

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90067 029 \*\*\*\*61.25

**DOCUMENT # N34635**  
 1. Entity Name  
 PROMENADE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 4174 WOODLANDS PKWY. PALM HARBOR, FL 34685 US	Mailing Address 4174 WOODLANDS PKWY. PALM HARBOR, FL 34685 US
---	---

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2982262	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 NOLAN, JAMES M  
 4174 WOODLANDS PKWY.  
 PALM HARBOR, FL 34685

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SB</del> PD RIEGL, ROBERT 1945 PROMENADE WAY CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDD ESTRADA, MIGUEL 1961 PROMENADE WAY CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LYNDA RUCKER SD 1989 PROMENADE WAY CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 any address, with all other like empowered.

SIGNATURE: Robert Riegel DATE: 2/20/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #