

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # N44379

1. Entity Name
VARTY ROAD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
5000 VARTY RD
WINTER HAVEN, FL 33884

Mailing Address
5000 VARTY RD
WINTER HAVEN, FL 33884



01282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3093549

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

BUTZ, HELEN JEAN
5000 VARTY RD
WINTER HAVEN, FL 33884

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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	PD ROGERS, HERB 5086 VARTY ROAD WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUTZ, HELEN 5000 VARTY ROAD WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRABINER, TONY 5050 VARTY ROAD WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURNETT, JAY 5065 VARTY ROAD WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/06/04-80149-016 61.25

**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 an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TONY BRABINER 2-2-04 863-821-2345