

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90046 010 ****61.25

DOCUMENT # N93000003345

1. Entity Name

LAKE PIERCE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

4980 LAKE PIERCE DR.
LAKE WALES FL 33898
US

Mailing Address

4980 LAKE PIERCE DR.
LAKE WALES FL 33898
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3211355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PITTS, THEODORE R
4980 LAKE PIERCE DRIVE
LAKE WALES FL 33898

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE SD ☐ Delete
NAME PITTS, THEODORE R
STREET ADDRESS 4980 LAKE PIERCE DR.
CITY- ST- ZIP LAKE WALES FL 33898

TITLE TD ☐ Delete
NAME MACCALLUM, DUNCAN
STREET ADDRESS 5040 LAKE PIERCE DR
CITY- ST- ZIP LAKE WALES FL 33853

TITLE D ☒ Delete
NAME FUTCH, DAN
STREET ADDRESS 5050 LAKE PIERCE DR
CITY- ST- ZIP LAKE WALES FL 33898

TITLE D ☐ Delete
NAME REEVES, FAYE
STREET ADDRESS 4979 LAKE PIERCE DRIVE
CITY- ST- ZIP LAKE WALES FL 33898

TITLE PD ☐ Delete
NAME FALKENHOFF, JACK
STREET ADDRESS 5063 LAKE PIERCE DR.
CITY- ST- ZIP LAKE WALES FL 33853

TITLE VPD ☒ Delete
NAME SMITH, JAMES
STREET ADDRESS 4900 LAKE PIERCE DR.
CITY- ST- ZIP LAKE WALES FL 33898

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE VPD ☐ Change ☒ Addition
NAME FRAZIO, JIM
STREET ADDRESS 5070 LAKE PIERCE DR
CITY- ST- ZIP LAKE WALES, FL. 33898

TITLE PD ☒ Change ☐ Addition
NAME ROEVES, FAYE
STREET ADDRESS 4979 LAKE PIERCE DR
CITY- ST- ZIP LAKE WALES, FL. 33898

TITLE D ☒ Change ☐ Addition
NAME FALKENHOFF
STREET ADDRESS 5063 LAKE PIERCE DR.
CITY- ST- ZIP LAKE WALES, FL. 33898

TITLE D ☐ Change ☒ Addition
NAME DICKERSON, MAUREEN
STREET ADDRESS 5080 LAKE PIERCE DR
CITY- ST- ZIP LAKE WALES, FL. 33898

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: *Theodore R. Pitts* Theodore R. Pitts Feb 2, 2005 863-4396541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #