

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005737

FILED
Apr 28, 2005
Secretary of State

Entity Name: LYCHEE LANE ASSOCIATION, INC.

Current Principal Place of Business:

2119 LYCHEE LANE
NOKOMIS, FL 342753433 US

New Principal Place of Business:

Current Mailing Address:

2119 LYCHEE LANE
NOKOMIS, FL 342753433

New Mailing Address:

FEI Number: 65-0706755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURTIS, ANN L
2119 LYCHEE LANE
NOKOMIS, FL 342753433 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILLER, LEE
Address: 2111 LYCHEE LN
City-St-Zip: NOKOMIS, FL 34275

Title: DPST () Delete
Name: CURTIS, ANN L
Address: 2119 LYCHEE LANE
City-St-Zip: NOKOMIS, FL 342753433

Title: D () Delete
Name: PACIFICO, DANIEL
Address: 2115 LYCHEE LANE
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: FRANCIS, JOHN
Address: 2107 LYCHEE LANE
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: RASTRELLI, MASSIMO
Address: 2136 GULF GATE DR STE 6
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN L. CURTIS

DPST

04/28/2005

Electronic Signature of Signing Officer or Director

Date