

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

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90032 047 ****61.25

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1. Entity Name

SEPTEMBER ESTATES HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

HOME OWNERS ASSO. INC.
P.O. BOX 339
BOKEELIA FL 33922

Mailing Address

HOME OWNERS ASSO. INC.
P.O. BOX 339
BOKEELIA FL 33922

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2337724

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

CLIFFORD, CAROLE
7679 FARRELL ROAD
BOKEELIA FL 33922-8912

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, 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 VP
NAME MCCOY, ME
STREET ADDRESS 7601 FARRELL ROAD
CITY-ST-ZIP BOKEELIA FL 33922 ☐ Delete

TITLE DT
NAME MCCOY, ME
STREET ADDRESS 7601 FARRELL ROAD
CITY-ST-ZIP BOKEELIA, FL 33922-8912 ☒ Change ☐ Addition

TITLE D
NAME SCHNEIDER, HAROLD
STREET ADDRESS 15227 SUSAN KAY RD
CITY-ST-ZIP BOKEELIA FL 33922 ☐ Delete

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

TITLE DT
NAME ECKER, LOU
STREET ADDRESS 7648 CARPENTER ROAD
CITY-ST-ZIP BOKEELIA FL 33922 ☐ Delete

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

TITLE T
NAME ECKER, SUE
STREET ADDRESS 7648 CARPENTER ROAD
CITY-ST-ZIP BOKEELIA FL 33922 ☐ Delete

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

TITLE D
NAME O'DONNELL, MICHAEL
STREET ADDRESS 7664 FARRELL RD
CITY-ST-ZIP BOKEELIA FL 33922 ☐ Delete

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

TITLE D
NAME COCLASURE, DORIS
STREET ADDRESS 15210 BUZZARD CUT.
CITY-ST-ZIP BOKEELIA FL 33922 ☐ Delete

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

Louis G. Ecker

3-8-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #