

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

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90007 047 ****61.25

DOCUMENT # N21631

1. Entity Name

SEVER'S LANDING HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

P O BOX 571
PALM HARBOR FL 34683
US

Mailing Address

P O BOX 571
PALM HARBOR FL 34682
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MAGUIRE, SUSAN
2027 SWAN LANE
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

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 reinstalling)

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

TITLE **TD** ☐ Delete
NAME **LIMRIC, T C**
STREET ADDRESS **727 SAMANTHA DRIVE**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **D** ☐ Delete
NAME **VALLETTI, MICHAEL**
STREET ADDRESS **1903 SWAN LANE**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **D** ☐ Delete
NAME **STEIN, GARY**
STREET ADDRESS **1980 SWAN LANE**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **PD** ☒ Delete
NAME **PLOTT, SANDY**
STREET ADDRESS **637 SEVER'S LANDING**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **SD** ☐ Delete
NAME **MERGER, RITA**
STREET ADDRESS **2095 SWAN LANE**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **D** ☐ Change ☒ Addition
NAME **Melody Guillette**
STREET ADDRESS **626 Severs Landing**
CITY-ST-ZIP **Palm Harbor, FL 34683**

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

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

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 #

5-15-04 **367-3737**