


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 01, 2004 8:00 am**  
**Secretary of State**

09-01-2004 90005 031 \*\*\*\*61.25

<b>DOCUMENT # N00000006529</b> 1. Entity Name <b>LAKE MORLEY TERRACE HOME OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>14903 LEJUENE LANE TAMPA, FL 33613</b>			Mailing Address <b>14903 LEJUENE LANE TAMPA, FL 33613</b>		
2. Principal Place of Business <b>14914 Philmore Road</b>		3. Mailing Address <b>14914 Philmore Road</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>		4. FEI Number <b>59-3681603</b>	
Zip <b>33613</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KINGSLEY, KENNETH 14927 PHILMORE RD. TAMPA, FL 33613</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, RUTH 14903 LEJUENE LANE TAMPA, FL 33613		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LINQUIST, PAMELA 14914 PHILMORE RD TAMPA, FL 33613		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COULAM, JOHN 14907 LEJUENE LN TAMPA, FL 336131519		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

**54071270**



08232004 Chg-NP CR2E037 (10/03)

**SIGNATURE:**

*Pamela A. Linquist*

**Pamela Linquist, Secretary/Director**

**August 28, 2004 813-228-2000**

Date Daytime Phone #