## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N00000006529** 1. Entity Name LAKE MORLEY TERRACE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business 14903 LEJUENE LANE TAMPA FL 33613

Mailing Address 14903 LEJUENE LANE TAMPA, FL 33613

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

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

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7. Principal Place of Business 14914 Philmore Road 1				13 Naying Address 1 more Road						And the second				
Suite, Apt. #, etc.			Sı	Suite, Apt. #, etc.				08232004	Chg-NP	CR2E037	(10/03)			
City & State Tampa			Tai	Tampa, FL				4. FEI Number Applied For 59-3681603 Not Applicable						
33613		Country US		3613	US US	ntry	5. Certificate of Status Desired			<u> </u>	\$8.75 Additional Fee Required			
	6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name						
KINGSLEY, KENNETH 14927 PHILMORE RD. TAMPA, FL 33613						Street Address (P.O. Box Number is Not Acceptable)								
						City				FL	Zip Code	9		
	named entity ions of regist	y submits this statemen ered agent.	t for the purp	oose of changing its	registere	ed office or i	registere	ed agent, or both,	in the State of f	Florida. I am fa	miliar with,	and accept		
SIGNATURE Signature, typed or printed name of registered agent and trile ill applicable. (NOTE: Registree)						d Agent signatur	ra required	when reinstating)		DATE				
Filing Fee is \$61.25 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution.				<b>\$5.00</b> May Be Added to Fees		Make check orida Departr				
10.		11.			A	DDITIONS/CHAN	IGES TO OFFIC	ERS AND DIRI	ECTORS IN	10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSC 14903 LE. TAMPA, F	JUENE LANE		☐ Delete							Change	Addition		
TITLE NAME . STREET ADDRESS ! CITY-ST-ZIP		, PAMELA ILMORE RD FL 33613		☐ Delete	-						☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, JOHN JUENE LN FL 336131519		☐ Delete							☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		í					☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		I					☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		- 1					☐ 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.

SIC	:N	ATI	IR	F٠

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OF DIRECTOR PARTY DIRECTOR

August 28, 2004 813-228-2000