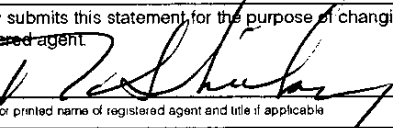
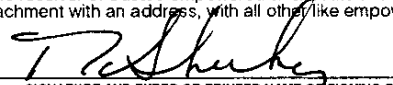


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90057 043 ****61.25

DOCUMENT # 755753 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	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 CLIFFORD, CAROLE 7679 FARRELL ROAD BOKEELIA FL 33922-8912	
7. Name and Address of New Registered Agent				Name SHIRKEY, THOMAS Street Address (P.O. Box Number is Not Acceptable) 7728 CARPENTER RD City BOKEELIA FL 33922	
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  DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	DT MCCOY, ME 7601 FARRELL ROAD BOKEELIA FL 33922	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T SCHNEIDER, HAROLD 15227 SUSAN KAY RD BOKEELIA, FL 33922	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, HAROLD 15227 SUSAN KAY RD BOKEELIA FL 33922	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/H SHIRKEY, THOMAS 7728 CARPENTER RD BOKEELIA, FL 33922	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ECKER, LOU 7648 CARPENTER ROAD BOKEELIA FL 33922	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P SMITH, DAVID 7680 HELEN RD BOKEELIA, FL 33922	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ECKER, SUE 7648 CARPENTER ROAD BOKEELIA FL 33922	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOX, PAT 15243 SUSAN KAY LN BOKEELIA, FL 33922	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'DONNELL, MICHAEL 7664 FARRELL RD BOKEELIA FL 33922	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SCOTT, MARGE 7776 HELEN RD BOKEELIA, FL 33922	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCLASURE, DORIS 15210 BUZZARD CUT. BOKEELIA FL 33922	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTH, DIANE 7759 CARPENTER RD BOKEELIA, FL 33922	☒ 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:  THOMAS SHIRKEY 2-4-05 239 283 5305 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					