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

1st MOORE CR2E037 (10/04)

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** Zip Code 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 P/T NAME SCHNEIDER, HAROLD STREET ADDRESS 15227 SUSAN KAY RD CITY-ST-ZIP BOKEELIA, FL 33922	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHNEIDER, HAROLD 15227 SUSAN KAY RD BOKEELIA FL 33922	☐ Delete	TITLE T/T NAME SHIRKEY, THOMAS STREET ADDRESS 7728 CARPENTER RD CITY-ST-ZIP BOKEELIA, FL 33922	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ECKER, LOU 7648 CARPENTER ROAD BOKEELIA FL 33922	☒ Delete	TITLE V P/T NAME SMITH, DAVID STREET ADDRESS 7680 HELEN RD CITY-ST-ZIP BOKEELIA, FL 33922	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ECKER, SUE 7648 CARPENTER ROAD BOKEELIA FL 33922	☒ Delete	TITLE D NAME KNOX, PAT STREET ADDRESS 15243 SUSAN KAY LN CITY-ST-ZIP BOKEELIA, FL 33922	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'DONNELL, MICHAEL 7664 FARRELL RD BOKEELIA FL 33922	☒ Delete	TITLE S/D NAME SCOTT, MARGE STREET ADDRESS 7776 HELEN RD CITY-ST-ZIP BOKEELIA, FL 33922	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COCLASURE, DORIS 15210 BUZZARD CUT. BOKEELIA FL 33922	☒ Delete	TITLE D NAME RUTH, DIANE STREET ADDRESS 7759 CARPENTER RD CITY-ST-ZIP 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 2392835305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #