


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90082 032 ****61.25

DOCUMENT # 753041 1. Entity Name ACACIA LAKES PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business 1326 BLUEWATER DR PO BOX 5745 SUN CITY CENTER, FL 33573 US		Mailing Address 1326 BLUEWATER DR PO BOX 5745 SUN CITY CENTER, FL 33573 US	
2. Principal Place of Business 409 E. College Ave Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1058 Suite, Apt. #, etc.	
City & State Ruskin FL.		City & State Ruskin FL.	
Zip 33570	Country US	Zip 33575	Country US
6. Name and Address of Current Registered Agent WILSON, LOU ELLEN 409 E COLLEGE AVENUE RUSKIN, FL 33570		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> DATE _____ </div> </div>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KORVER, BRUCE 102 SILVERBELL COURT SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LENT, MARVIN 1108 E DEL WEBB BLVD SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTENSEN, GORDON 1310 BLUEWATER DR SUN CITY CENTER, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MANSON, JAMES 1306 BLUE WATER DR. SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHRISTENSEN, MARTHA 1310 BLUEWATER DR SUN CITY CENTER, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Weatherbee, Polly 1012 E. Del Webb Blvd Sun City Center FL	<input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 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: <u>Martha H Christensen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date</small>		<small>Daytime Phone #</small>	

50035269



03102005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2025750

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required