

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13250

FILED  
Apr 24, 2005  
Secretary of State

**Entity Name:** SNL LOT 17 HOME OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3806 VILABELLA DR  
SEBRING, FL 33872 US

**New Principal Place of Business:**

**Current Mailing Address:**

1825 N OLEANDER DRIVE  
AVON PARK, FL 33825

**New Mailing Address:**

**FEI Number:** 59-2698563

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ABLES, CLIFFORD M III  
551 S COMERCE AVENUE  
SEBRING, FL 33870 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: DELBEQ, ROBERT B  
Address: 705 E CORNELIA STREET  
City-St-Zip: HICKSVILLE, OH 43526

Title: VSD ( ) Delete  
Name: HUNNICUTT, C. KEITH  
Address: 1825 N OLEANDER DR  
City-St-Zip: AVON PARK, FL 33825

Title: TD ( ) Delete  
Name: HUNNICUTT, SUZANNE  
Address: 1825 N OLEANDER DRIVE  
City-St-Zip: AVON PARK, FL 33825

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: HUNNICUTT, C. KEITH  
Address: 1825 N. OLEANDER RD.  
City-St-Zip: AVON PARK, FL 33825

Title: VSD (X) Change ( ) Addition  
Name: HUNNICUTT, SUZANNE  
Address: 1825 N OLEANDER DR  
City-St-Zip: AVON PARK, FL 33825

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. KEITH HUNNICUTT

DP

04/24/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date