

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743229

**FILED**  
**Mar 05, 2014**  
**Secretary of State**  
**CC1997123931**

**Entity Name:** DRIFTWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8048 MOON LIGHT LANE  
NEW PORT RICHEY, FL 34654

**Current Mailing Address:**

8048 MOON LIGHT LANE  
NEW PORT RICHEY, FL 34654 US

**FEI Number: 59-1855919**

**Certificate of Status Desired: Yes**

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

LICHTER, ROBERT  
8048 MOON LIGHT LANE  
NEW PORT RICHEY, FL 34654 US

*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

**Officer/Director Detail :**

Title TD  
Name LICHTER, ROBERT  
Address 8048 MOON LIGHT LANE  
City-State-Zip: NEW PORT RICHEY FL 34654

Title VP  
Name CAMPBELL, GERTRUDE E  
Address 11115 ISLAND PINE DR.  
City-State-Zip: PORT RICHEY FL 34668

Title S  
Name ZOLOBKOWSKI, DEBORAH  
Address 11041 ISLAND PINE DR.  
City-State-Zip: PORT RICHEY FL 34668

Title D  
Name CUSUMANO, PATRICIA  
Address 11022 ISLAND PINE DR.  
City-State-Zip: PORT RICHEY FL 34668

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERT LICHTER**

**TREASURER**

**03/05/2014**

Electronic Signature of Signing Officer/Director Detail

Date