

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90301 012 ****61.25

DOCUMENT # 726182

1. Entity Name
SOUTH EAST MARION COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**24798 SE HWY 42
UMATILLA, FL 32784 US**

Mailing Address

**24798 SE HWY 42
UMATILLA, FL 32784 US**

50043439



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2855162

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREY, CARL
16895 S.E. 272 CT.
UMATILLA, FL 32784**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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

TITLE **D** ☐ Delete
NAME **HALLGREN, BRUCE**
STREET ADDRESS **16900 SE 272 CT**
CITY-ST-ZIP **UMATILLA, FL 32784**

TITLE **PD** ☒ Delete
NAME **PETERS, AMY**
STREET ADDRESS **P.O. BOX 366**
CITY-ST-ZIP **ALTOONA, FL 32702**

TITLE **TD** ☐ Delete
NAME **FREY, CARL**
STREET ADDRESS **SE 272 CT-16895**
CITY-ST-ZIP **UMATILLA, FL 32784**

TITLE **SD** ☐ Delete
NAME **COOKE, DELORES**
STREET ADDRESS **24415 W. HWY 450**
CITY-ST-ZIP **UMATILLA, FL 32784**

TITLE **VD** ☒ Delete
NAME **BILZ, DEBI**
STREET ADDRESS **11930 TAGS TRAIL**
CITY-ST-ZIP **UMATILLA, FL 32784**

TITLE **D** ☐ Delete
NAME **DRIVER, JIM**
STREET ADDRESS **16840 SE 248 TERRACE**
CITY-ST-ZIP **UMATILLA, FL 32784**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **COOKE, RICHARD**
STREET ADDRESS **24415 W. HWY 450**
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **LITTON, AILEEN**
STREET ADDRESS **24801 SE HWY 42**
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE ☐ Change ☐ Addition
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

Carl Frey

21 April 2005

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669-3404*