


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 26 AM 8:00

|   |   |
|---|---|
| <b>DOCUMENT # 727279</b>  |  |
| 1. Entity Name<br>LAKE RUTH SOUTH HOMEOWNERS' ASSOCIATION, INC. |   |

|   |  |
|---|--|
| Principal Place of Business<br><del>128</del> SHOMATE DR<br>LONGWOOD, FL 32750 US | Mailing Address<br><del>129</del> SHOMATE DR<br>LONGWOOD, FL 32750 US<br>123 |
|---|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

07142004 Chg-NP CR2E037 (10/03) *MRD*



|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent             |  | 7. Name and Address of New Registered Agent                                    |  |
| PETERS, JOYCE M.<br>123 SHOMATE DRIVE<br>LONGWOOD, FL 32750 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |  |  |
|---|---|--|--|
| <b>Filing Fee is \$61.25<br/>Due by September 8, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>PETERS, JOYCE M<br>123 SHOMATE DRIVE<br>LONGWOOD, FL 32750 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>400040049884<br>08/10/04--01080--016 ***61.25 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>OLSON, PAUL<br>113 SHOMATE DRIVE<br>LONGWOOD, FL 32750 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>OLSON, DIANE<br>113 SHOMATE DRIVE<br>LONGWOOD, FL 32750 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>PERDUE, ROSS<br>128 SHOMATE DRIVE<br>LONGWOOD, FL 32750 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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:** *Joyce Peters*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #