

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90042 020 ****61.25

DOCUMENT # 736410

1. Entity Name

RACQUET CLUB VILLAS I OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**RACQUET CLUB VILLAS I
1 TIMBERLINE TRAIL
32174D BEACH FL 32174
US**

**1 TIMBERLINE TR.
ORMOND BEACH FL 32174
US**

2. Principal Place of Business -

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1752471

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/04)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NELSON, LYNNE J
19 ELLINGTON DR
PALM COAST FL 32164**

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

**FILE NOW: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME WHITAKER, ROY ☐ Delete
STREET ADDRESS 1-D TEMKERLINE TR
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Change ☒ Addition
NAME Davis, Jody
STREET ADDRESS 1B Timberline Tr
CITY-ST-ZIP Ormond Beach FL 32174

TITLE STD
NAME MOSES, SIDNEY ☐ Delete
STREET ADDRESS 4-A TIMBERLINE TR
CITY-ST-ZIP ORMOND BCH FL

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

TITLE VP ☒ Delete
NAME MARTIN, GAGE
STREET ADDRESS 32 RIVER RIDGE TR
CITY-ST-ZIP ORMOND BEACH FL 32174

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

TITLE D
NAME SPEND, WILLIAM ☐ Delete
STREET ADDRESS 1 CT TIMBERLINE TR
CITY-ST-ZIP ORMOND BEACH FL 32174

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #