

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 19, 2005 8:00 am**  
**Secretary of State**

08-19-2005 90008 011 \*\*\*\*61.25

**DOCUMENT # 737284**

1. Entity Name  
**LAKE PATRICIA HOMEOWNERS, INC.**



Principal Place of Business  
**14411 LAKE CHILDS COURT  
MIAMI LAKES, FL 33014 US**

Mailing Address  
**14411 LAKE CHILDS COURT  
MIAMI LAKES, FL 33014 US**

**50062440**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08162005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

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

**BUDLONG, SAM  
14411 LAKE CHILDS CT  
MIAMI LAKES, FL 33014**

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 September 7, 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** ☐ Delete  
NAME **BUDLONG, SAM**  
STREET ADDRESS **14411 LAKE CHILDS COURT .**  
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

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

TITLE **D** ☐ Delete  
NAME **PARROTT, BILL**  
STREET ADDRESS **14345 LK CANDLEWOOD CT**  
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

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

TITLE **VD** ☐ Delete  
NAME **BALMORI, ABE**  
STREET ADDRESS **13921 LK SUCCESS PL**  
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

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

TITLE **SD** ☐ Delete  
NAME **PAMIES, ALICIA**  
STREET ADDRESS **6361 LK CHAMPLAIN TERR**  
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

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

TITLE **TD** ☒ Delete  
NAME **WONG, LOURDES**  
STREET ADDRESS **6320 LK CHAMPLAIN TERR**  
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE ☒ Change ☐ Addition  
NAME **CAROL DE FILLIPPO**  
STREET ADDRESS **6350 LAKE CHAMPLAIN TER.**  
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE **D** ☐ Delete  
NAME **BERRIDS, ROBERT**  
STREET ADDRESS **6550 LK LURE DR**  
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

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:**

*Sam Budlong* President **SAM BUDLONG**

**8/17/05**

**305-670-9250**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #