

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

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

04-01-2005 90005 043 ****61.25



DOCUMENT # 737593
 1. Entity Name
MARALAGO CAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 % DONNA GROSSO-P % DONNA GROSSO-P
 4162 2ND CT 4162 2ND CT
 LANTANA FL 33462 LANTANA FL 33462
 US US

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

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
 EIDE, RONALD N
 6233 HOLLY LN
 LANTANA FL 33462

4. FEI Number Applied For
59-2667502 Not Applicable

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

7. Name and Address of New Registered Agent
 Name DONNA GROSSO
 Street Address (P.O. Box Number is Not Acceptable) 4162 2ND CT
 City LANTANA FL Zip Code 33462

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 Donna Grosso DATE 3-30-05

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

| | | |
|----------------|-------------------|--|
| TITLE | <u>VP</u> | <input checked="" type="checkbox"/> Delete |
| NAME | HEYBOER, BOB | |
| STREET ADDRESS | 4080 5 AVE. | |
| CITY-ST-ZIP | LANTANA FL 33462 | |
| TITLE | <u>S</u> | <input type="checkbox"/> Delete |
| NAME | NORRIS, TONI | |
| STREET ADDRESS | 4120 2ND CT. | |
| CITY-ST-ZIP | LANTANA FL 33462 | |
| TITLE | <u>VP</u> | <input type="checkbox"/> Delete |
| NAME | NEENAN, MARION | |
| STREET ADDRESS | 4200 8 CT. | |
| CITY-ST-ZIP | LANTANA FL 33462 | |
| TITLE | <u>S</u> | <input checked="" type="checkbox"/> Delete |
| NAME | TURNER, MARLENE | |
| STREET ADDRESS | 4361 1ST CT. | |
| CITY-ST-ZIP | LANTANA FL 33462 | |
| TITLE | <u>D</u> | <input type="checkbox"/> Delete |
| NAME | AMIANO, CHARLES | |
| STREET ADDRESS | 6300 DOGWOOD LANE | |
| CITY-ST-ZIP | LANTANA FL 33462 | |
| TITLE | <u>D</u> | <input checked="" type="checkbox"/> Delete |
| NAME | LEE, VERONA | |
| STREET ADDRESS | 6350 GUAVA LN. S. | |
| CITY-ST-ZIP | LANTANA FL 33462 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | <u>T</u> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CHARLOTTE ERWOOD | |
| STREET ADDRESS | 6134 N. JOSHUA LANE | |
| CITY-ST-ZIP | LANTANA, FL 33462 | |
| TITLE | <u>D</u> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PAUL TURNER | |
| STREET ADDRESS | 4361 FIRST CT. | |
| CITY-ST-ZIP | LANTANA, FL 33462 | |
| TITLE | <u>D</u> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JAMES KNOETGEN | |
| STREET ADDRESS | 4153 3RD CT | |
| CITY-ST-ZIP | LANTANA FL 33462 | |
| TITLE | <u>D</u> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DOUGLAS SMITH | |
| STREET ADDRESS | 4139 2ND CT | |
| CITY-ST-ZIP | LANTANA, FL 33462 | |
| TITLE | <u>D</u> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CATHERINE TAYLOR | |
| STREET ADDRESS | 6118 N. IRONWOOD LN | |
| CITY-ST-ZIP | LANTANA, FL 33462 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 it 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: Donna Grosso DONNA GROSSO President 3-30-05 561-439-3685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #