

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90034 007 ****61.25

DOCUMENT # 747579

1. Entity Name

ESCONDIDO COMMUNITY ASSOCIATION, INC.



Principal Place of Business

ESCONDIDO CLUBHOUSE
20 ESCONDIDO CR
ALTAMONTE SPRINGS FL 32701
US

Mailing Address

ESCONDIDO COMM ASSOC INC
20 ESCONDIDO CIR
ALTAMONTE SPRINGS FL 32701
US

54020702



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2018066

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

BENTLEY, JAMES M
501 GOLF TEE LN., #109
LONGWOOD FL 32779

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

James M. Bentley, manager

(James M. Bentley)

3-19-04

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, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	DV COLEMAN, JIM 9 ESCONDIDO CR #85 ALTAMONTE SPRINGS FL 32701	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT GAINES, JAMES 17 ESCONDIDO CR #237 ALTAMONTE SPRINGS FL 32701	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKNIGHT, HARRY 14 ESCONDIDO COURT #135 ALTAMONTE SPRINGS FL 32701	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BIRMINGHAM, JEAN 3 ESCONDIDO CR #30 ALTAMONTE SPRINGS FL 32701	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TITEN, JACK 7 ESCONDIDO CR #66 ALTAMONTE SPRINGS FL 32701	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLORIA NEWBERGER 9 ESCONDIDO CIRCLE #86 ALTAMONTE SPRINGS, FL 32701	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARVIN POLES 15 ESCONDIDO CT. #141 ALTAMONTE SPRINGS, FL 32701	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, D FRED ZRIED 17 ESCONDIDO CIRCLE ALTAMONTE SPRINGS, FL 32701	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTHUR PELLETIER 7 ESCONDIDO CIRCLE #70 ALTAMONTE SPRINGS, FL 32701	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

James P. Gaines **JAMES P. GAINES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/04

Day

407-331-6705

Daytime Phone #