## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 748161**

FILED Apr 26, 2005 Secretary of State

Entity Name: LOCH HAVEN HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1101 LANCER LANE TARPON SPRINGS, FL 34689

**Current Mailing Address: New Mailing Address:** 

1101 LANCER LANE TARPON SPRINGS, FL 34689

FEI Number: 59-2831648 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOLSON, LAUREL WILSON, LAUREL 1021 BEAVER DR 1021 BEAVER DR

TARPON SPRINGS, FL 34689 US TARPON SPRINGS, FL 34689 US

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.

SIGNATURE: LAUREL WILSON 04/26/2005

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Address:

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete FETZER, JIM MCCLEARY, RICHARD Name: Name: 1143 LANCER LANE Address: 1017 BEAVER DR. Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: TARPON SPRINGS, FL 34689 Title: DS () Delete Title: () Change () Addition CORNELIUS, GERALDINE Name: Name: Address: 1105 BEAVER DR. Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: Title: () Delete Title: () Change () Addition WILSON, LAUREL Name: Name: 1021 BEAVER DR.

Title: DT ( ) Delete Title: () Change () Addition

Name: BRYANT, JO ELLEN Name: Address: 1127 LANCER LANE Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip:

TARPON SPRINGS, FL 34689

Title: () Delete Title: (X) Change ( ) Addition

HEFLIN, CHAD WILSON, JIM Name: Name: 1103 BEAVER DR 1021 BEAVER DR. Address: Address:

TARPON SPRINGS, FL 34689 City-St-Zip: City-St-Zip: TARPON SPRINGS, FL 34689

Title: ( ) Delete Title: () Change () Addition MOON ART Name: Name:

Address: 1121 LANCER LANE Address: TARPON SPRINGS, FL 34689 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LAUREL WILSON DT 04/26/2005