


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

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90093 029 ****61.25

DOCUMENT # 752628	
1. Entity Name EL DE ORO WEST HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 2132 SANDPIPER DRIVE CLEARWATER FL 33764-6626 US	Mailing Address 2132 SANDPIPER DRIVE CLEARWATER FL 33764-6626 US
--	--

2. Principal Place of Business 2139 SANDPIPER DR	3. Mailing Address 2139 SANDPIPER DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CLEARWATER, FL	City & State CLEARWATER, FL
Zip 33764	Country us
City & State CLEARWATER, FL	City & State CLEARWATER, FL
Zip 33764	Country us



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent SCHOY, ROBERT 2132 SANPIPER DRIVE CLEARWATER FL 33764	
7. Name and Address of New Registered Agent Name SHARON DELUCA Street Address (P.O. Box Number is Not Acceptable) 2139 SANDPIPER DR. City CLEARWATER FL 33764	

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 Sharon Deluca Sharon Deluca 4-8-05
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. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P HOWE, ALAN 1911 SEAGULL DR CLEARWATER FL 33764 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEORGE PILAT 1908 SANDPIPER DR CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEPERCIER, SUE 1907 SANDPIPER DRIVE CLEARWATER FL 33764 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P Michael Klemme 1905 SANDPIPER DR CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELUCA, SHARON 2139 SANDPIPER DRIVE CLEARWATER FL 33764 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SHARON DELUCA 2139 SANDPIPER DR CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAYER, BRENDI 1914 SANDPIPER DR CLEARWATER FL 33764 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SUSAN BROUGHTON 1910 SANDPIPER DR CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLINGS, RONALD 1902 SANDPIPER DR. CLEARWATER FL 33764 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT SCHOY 2132 SANDPIPER DR. CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STICE, SUZANNE 1900 SANDPIPER DRIVE CLEARWATER FL 33764 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTER HECHT 1911 SANDPIPER DR CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: Sharon Deluca Sharon Deluca 4-8-05 727-531-1091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #