


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

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90057 013 ****61.25

DOCUMENT # 753775 1. Entity Name LAKE VERONA EAST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3 NORTH HIGHLANDS AVE APT C AVON PARK FL 33825				Mailing Address 3 NORTH HIGHLANDS AVE APT C AVON PARK FL 33825	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3 N. HIGHLANDS AVE APT B			
City & State AVON PARK		City & State AVON PARK		4. FEI Number 59-2223798	
Zip 33825		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, TREVA C. 3C NORTH HIGHLANDS AVENUE AVON PARK FL 33825				7. Name and Address of New Registered Agent Name LINEBACK, ANNA Street Address (P.O. Box Number is Not Acceptable) 3 N HIGHLANDS AVE APT B City AVON PARK FL 33825	
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 <u><i>Anna Lineback, Secty. TREAS.</i></u> JAN. 28, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	STD MILLER, TREVA C. 3 C NORTH HIGHLANDS AVE AVON PARK FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LINEBACK, ANNA 3 N. HIGHLANDS AVE. APT. B AVON PARK, FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CARABERIS, MARGARET 17 NORTH HIGHLANDS AVENUE AVON PARK FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WOODRUFF, CLARENCE T 7 NORTH HIGHLANDS AVENUE AVON PARK FL 33825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WHITE, MADELINE 15 N HIGHLANDS AVE AVON PARK FL 33825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input 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: <u><i>Anna Lineback, ANNA LINEBACK.</i></u> JAN 28, 2004 (863) 452-2883 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					