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

**FILED**
**Feb 06, 2004 8:00 am**
**Secretary of State**
02-06-2004 90015 022 ****61.25

DOCUMENT # 753892

1. Entity Name

LYNNWOOD ESTATES ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 720084<br>ORLANDO FL 32872-7084 | P.O. BOX 720084<br>ORLANDO FL 32872-7084 |

MOORE CR2E037 (11/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2065707 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

COATES, JUDITH A
6931 POMPEII ROAD
ORLANDO FL 32822

**7. Name and Address of New Registered Agent**

Name: STAINES, MERWIN R.

Street Address (P.O. Box Number is Not Acceptable): 6801 CASTILLO COURT

City: ORLANDO **FL** Zip Code: 32822

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: MERWIN R. STAINES *Merwin R. Staines* 2/2/04
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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>HENLEY, MERLENE<br>6845 POMPEII ROAD<br>ORLANDO FL 32822 | ☒ Delete | PD<br>ZSCHUNKE, GARY<br>6821 POMPEII RD.<br>ORLANDO, FL. 32822 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>ZSCHUNKE, GARY<br>6821 POMPEII ROAD<br>ORLANDO FL 32822 | ☐ Delete | VP<br>FORMICOLA, ANTHONY J.<br>6806 GIBRALTAR RD.<br>ORLANDO, FL. 32822 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>COATES, JUDITH A<br>6931 POMPEII ROAD<br>ORLANDO FL 32822 | ☒ Delete | SD<br>STAINES, MERWIN R.<br>6801 CASTILLO CT.<br>ORLANDO, FL. 32822 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>GRANT, JUNE<br>6942 POMPEII ROAD<br>ORLANDO FL 32822 | ☒ Delete | TD<br>STAINES, MERWIN R.<br>6801 CASTILLO CT.<br>ORLANDO, FL. 32822 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BRODRICK, MARGUERIETE<br>6734 GIBRALTAR ROAD<br>ORLANDO FL 32822 | ☒ Delete | D<br>UNDERWOOD, MYRA<br>6917 MEDITERRANEAN RD.<br>ORLANDO, FL. 32822 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NEUMANN, CHARLES<br>6827 POMPELL ROAD<br>ORLANDO FL 32822 | ☐ Delete | D<br>FELICIA FONDEUR<br>6976 MEDITERRANEAN RD.<br>ORLANDO, FL. 32822 | ☐ 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:** *Gary Zschunke* 2/2/04 407-281-4595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #