

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # 755071

1. Entity Name
ADAMSTOWN I OF AVON PARK, INC.



Principal Place of Business

**155 E. INTERLAKE BLVD.
LAKE PLACID, FL 33852**

Mailing Address

**P O BOX 698
LAKE PLACID, FL 33852 US**



01102005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2917125

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TOMPKINS, JAMES E.
107 INTERLAKE BLVD.
LAKE PLACID, FL 33852**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
TOMPKINS, JAMES E.
107 INTERLAKE BLVD
LAKE PLACID, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
KELLY, W. JAMES
1525 S. FLORIDA AVE
LAKELAND, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TOMPKINS, LOUISE
225 E. PARK AVE
LAKE PLACID, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000178864
01/12/05-80046-008 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/05 8634653281