


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

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91022 042 \*\*\*\*61.25

<b>DOCUMENT # 757180</b>					
1. Entity Name <b>LAKE VILLAS Q AND R HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>4 LAKE VILLA WAY KISSIMMEE FL 34743-4531</b>		Mailing Address <b>4 LAKE VILLA WAY KISSIMMEE FL 34743-4531</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2187626</b>	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>O'BRIEN, PATRICK 54 LAKE VILLA WAY KISSIMMEE FL 32743</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip			Zip		
Country			Country		
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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, KAY		NAME		
STREET ADDRESS	75 LAKE VILLA WAY		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34743		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUADAGNO, LEE		NAME		
STREET ADDRESS	38 LAKE VILLA WAY		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34743		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, PATRICK		NAME		
STREET ADDRESS	54 LAKE VILLA WAY		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34743		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARRERO, MAYRA		NAME	Rosado, Ronald	
STREET ADDRESS	99 LAKE VILLA WAY		STREET ADDRESS	109 Lake Villa Way	
CITY-ST-ZIP	KISSIMMEE FL 34743		CITY-ST-ZIP	Kissimmee, FL 34743	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Patrick O'Brien</i>			4-20-04 407)348-5318		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		