

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

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90048 045 \*\*\*\*61.25

**DOCUMENT # 759918**

1. Entity Name

VERA CRUZ HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

917 MICHIGAN AVENUE  
ST. CLOUD FL 34769  
US

Mailing Address

P.O. BOX 701907  
ST. CLOUD FL 34770  
US

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

59-2418148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VIENS, IRENE  
917 MICHIGAN AVENUE  
SAINT CLOUD FL 34769

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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 VD ☐ Delete  
NAME SAWYER, JACK  
STREET ADDRESS 905 MICHIGAN AVE.  
CITY-ST-ZIP ST CLOUD FL 34769

TITLE SD ☐ Change ☒ Addition  
NAME Regina Kasmin  
STREET ADDRESS 901 Michigan Ave.  
CITY-ST-ZIP St. cloud FL 34769

TITLE PD ☐ Delete  
NAME PARR, SANDY  
STREET ADDRESS 928 VIRGINIA AVENUE  
CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME VIENS, IRENE  
STREET ADDRESS 917 MICHIGAN AVENUE  
CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GOODREAU, CHARLES  
STREET ADDRESS 921 MICHIGAN AVENUE  
CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME GENTRY, MARILYN  
STREET ADDRESS 909 MICHIGAN AVENUE  
CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME LAYNG, ROBERT  
STREET ADDRESS 908 VIRGINIA AVE.  
CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Irene Viens*

*Irene Viens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-05

407-892-1278

Date

Daytime Phone #