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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 17, 2005 08:00 AM Secretary of State **DOCUMENT # 761156** 1. Entity Name PARCEL 310 LAKE AND DRAINAGE ASSOCIATION, Principal Place of Business Mailing Address 8080 NW 10TH COURT PLANTATION FL 33322 8080 NW 10TH COURT PLANTATION FL 33322 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FFI Number 59-2370121 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SURFACE, SANDY Street Address (P.O. Box Number is Not Acceptable) 8080 NW 10 CT PLANTATION FL 33322 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 and tille if applicable DATE (NOTE Registered Agent signature regulred when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PST ☐ Change \_\_\_ Addition TITLE ☐ Delete HILLE U000000233624 SURFACE, SANDY NAME 02/17705-80050-024 61.25 8080 NW 10 CT STREET ADDRESS STREET ADDRESS PLANTATION FL 33322 CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete HILL TITLE DUPONT, LISA NAME 8080 NW 10 CT STREET ADDRESS STREET ADDRESS PLANTATION FL 33322 CITY-ST-ZIP CITY ST-ZIP Change Addition ☐ Delete THUE SURFACE, SANDY NAME NAME 8080 NW 10 CT STREET ADDRESS STREET ADDRESS CITY-ST-7IP PLANTATION FL CITY-ST-21P Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-202 Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete HILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 cath, 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.

FILED