

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

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90012 041 \*\*\*\*61.25

**DOCUMENT # 761408**

1. Entity Name

RESTON HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

31 TIMBER RUN  
HAVANA FL 32333-9581  
US

Mailing Address

31 TIMBER RUN  
HAVANA FL 32333-9581  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32333-5560

32333-5560

4. FEI Number

59-3451942

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

LINSTROM, ANDREW  
131 TIMBER RUN  
HAVANA FL 32333

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, 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LINDSTROM, ANDY	
STREET ADDRESS	131 TIMBER RUN	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LARSON, LARRY	
STREET ADDRESS	1496 TIMBER RUN	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAVIS, JUDY	
STREET ADDRESS	2112 BEAVER CREEK DR	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAYMOND, JERRY	
STREET ADDRESS	1589 TIMBER RUN	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	CT	<input type="checkbox"/> Delete
NAME	COX, JOAN C	
STREET ADDRESS	340 TIMBER RUN	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larson, Larry	
STREET ADDRESS	1496 Timber Run	
CITY-ST-ZIP	Havana, FL 32333	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nowak, Ana	
STREET ADDRESS	198 Timber Run	
CITY-ST-ZIP	Havana, FL 32333	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joan C. Cox, Treasurer

2-26-04 850-539-0302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #