

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90074 007 ****61.25

DOCUMENT # 768511

1. Entity Name
ERCILDOUNE HEIGHTS HOMEOWNERS ASSOCIATION,
INC.



Principal Place of Business
14190 81ST AVE.
SEBASTIAN, FL 32958

Mailing Address
14190 81ST AVE.
STE. A2
SEBASTIAN, FL 32958



2. Principal Place of Business
8006 140th Street
Suite, Apt. #, etc.

3. Mailing Address
8006 140th Street
Suite, Apt. #, etc.

03102005 Chg-NP CR2E037 (10/03)

City & State
Sebastian, FL

City & State
Sebastian, FL

4. FEI Number
59-2292336

Applied For
Not Applicable

Zip
32958

Country

Zip
32958

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POWELL, HILDA
8026 141ST STREET
SEBASTIAN, FL 32958

7. Name and Address of New Registered Agent

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 *Hilda T. Powell*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-5-05
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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SPOONER, MARY LOU 14190 81ST AVENUE SEBASTIAN, FL 32958 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HENDERSON, KAMALA 8006 140TH STREET SEBASTIAN, FL 32958 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T POWELL, HILDA 8026 141ST STREET SEBASTIAN, FL 32958 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Kamala Henderson 8006 140th St Sebastian FL 32958 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Julie Stocker 9804 Riverview Dr. Sebastian FL 32976 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Kamala Henderson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-05

772-589-8869

Date

Daytime Phone #