

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90407 003 ****61.25

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01032006 Chg-NP CR2E037 (11/05)

DOCUMENT # 770667 1. Entity Name LAMAR WEST TOWNHOMES ASSOCIATION, INC.					
Principal Place of Business 1699 HWY 98 BOX 506 MARY ESTHER, FL 32569 US			Mailing Address 1699 HWY 98 BOX 506 MARY ESTHER, FL 32569 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 59-2855456	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SALTER, JOE T 1699 HWY 98W #205 MARY ESTHER, FL 32569			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: <i>Joe T. Salter</i> JOE T. SALTER <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 2/23/06 <small>(NOTE: Registered Agent signature required when reconstituting)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PDD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SALTER, JOE T	NAME			
STREET ADDRESS	1699 W HWY 98 #205	STREET ADDRESS			
CITY-ST-ZIP	MARY ESTHER, FL 32569	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LONG, NORMAN D	NAME			
STREET ADDRESS	829 LINDA DRIVE	STREET ADDRESS			
CITY-ST-ZIP	MARY ESTHER, FL 32569	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUNETA, JILL	NAME	SANC		
STREET ADDRESS	1699 HWY 98 W #106	STREET ADDRESS	SANC		
CITY-ST-ZIP	MARY ESTNER, FL 32529	CITY-ST-ZIP	SANC		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRZAN, JEANNIE	NAME	SANC		
STREET ADDRESS	1699 HWY 98 W, BOX 505	STREET ADDRESS	SANC		
CITY-ST-ZIP	MARY ESTNER, FL 32529	CITY-ST-ZIP	SANC		
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 exemptions contained in Chapter 119, 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>Joe T. Salter</i> JOE T. SALTER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 2/23/06 850-581-1047 <small>Daytime Phone #</small>	