

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 770783

1. Entity Name
**TROUT LAKE VILLAGE HOMEOWNERS ASSOCIATION,
UNIT 1, INC.**



Principal Place of Business
**600 E TARPON AVE
TARPON SPRINGS, FL 34689**

Mailing Address
**600 E TARPON AVE
TARPON SPRINGS, FL 34689**



04222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2625886

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHOLL, DONALD E.
115 SOUTH SPRING BLVD.
TARPON SPRINGS, FL 33589**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHOLL, DONALD E.
STREET ADDRESS 115 SOUTH SPRING BLVD.
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE VST
NAME SCHOLL, DONALD E.
STREET ADDRESS 115 SOUTH SPRING BLVD.
CITY-ST-ZIP TARPON SPRINGS, FL

TITLE D
NAME SCHOLL, DONALD E.
STREET ADDRESS 115 SOUTH SPRING BLVD.
CITY-ST-ZIP TARPON SPRINGS, FL

TITLE D
NAME SCHOLL, ANN MARIE
STREET ADDRESS 115 S SPRING BLVD.
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE D
NAME SCHOLL, ROBERT
STREET ADDRESS 115 S. SPRING BLVD
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000341169
04/29/05-80004-025 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05

Date

727-937-3111

Daytime Phone #