

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

**FILED  
Jan 07, 2005  
Secretary of State**

DOCUMENT# 771107

Entity Name: LA VIVA HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 0104  
BRANDON, FL 335097104

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 0104  
BRANDON, FL 335097104

**New Mailing Address:**

FEI Number: 59-2363464      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOOKER, CURTIS  
708 LOMA LINDA COURT  
BRANDON, FL 33511 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MGR ( ) Delete  
Name: TRENT, JAMES  
Address: 701 LOMA LINDA CT  
City-St-Zip: BRANDON, FL 33511

Title: T ( ) Delete  
Name: ROSS, LAURA  
Address: 702 LOMA LINDA CT  
City-St-Zip: BRANDON, FL 33511

Title: VPD ( ) Delete  
Name: CALL, CAROL  
Address: 704 DORADO CT  
City-St-Zip: BRANDON, FL 33511

Title: P ( ) Delete  
Name: HOOKER, CURTIS  
Address: 708 LOMA LINDA CT  
City-St-Zip: BRANDON, FL 33511

Title: S ( ) Delete  
Name: EYRING, PATRICIA  
Address: 720 LOMA LINDA CT  
City-St-Zip: BRANDON, FL 33511

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA S. EYRING

SECY

01/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date