


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90045 048 \*\*\*\*61.25

**60013527**



|  |                              |   |  |   |  |
|--|------------------------------|---|--|---|--|
| <b>DOCUMENT # 771107</b>   |                              |   |  |  |  |
| 1. Entity Name<br>LA VIVA HOMEOWNERS' ASSOCIATION, INC.  |                              |   |  |   |  |
| Principal Place of Business<br>PO BOX 0104<br>BRANDON, FL 33509-7104   |                              |   | Mailing Address<br>PO BOX 0104<br>BRANDON, FL 33509-7104 |   |  |
| 2. Principal Place of Business   |                              |   | 3. Mailing Address                                       |   |  |
| Suite, Apt. #, etc.  |                              |   | Suite, Apt. #, etc.                                      |   |  |
| City & State   |                              |   | City & State   |   |  |
| Zip  |                              | Country   | Zip  |   | Country  |
| 6. Name and Address of Current Registered Agent  |                              |   |  | 7. Name and Address of New Registered Agent                                       |  |
| HOOKER, CURTIS<br>708 LOMA LINDA COURT<br>BRANDON, FL 33511  |                              |   |  | Name<br><i>Bill Spradlin</i>  |  |
|  |                              |   |  | Street Address (P.O. Box Number is Not Acceptable)                                |  |
|  |                              |   |  | <i>706 Dorado Ct</i>  |  |
|  |                              |   |  | City<br><i>Brandon</i>  | State<br><b>FL</b>   |
| 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<br><i>Bill C. Spradlin</i>   |                              | Name<br><i>Bill Spradlin, President</i>   |  | Date<br><i>01-25-2006</i>   |  |
| Filing Fee is <b>\$61.25</b><br>Due by <b>May 1, 2006</b>  |                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>     |  | \$5.00 May Be<br>Added to Fees  |  |
| Make check payable to<br>Florida Department of State   |                              |   |  |   |  |
| 10. OFFICERS AND DIRECTORS   |                              |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                             |  |
| TITLE  | MGR                          | <input checked="" type="checkbox"/> Delete  |  | TITLE   | President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| NAME   | TRENT, JAMES                 |   |  | NAME  | <i>Bill Spradlin</i>   |
| STREET ADDRESS   | 701 LOMA LINDA CT            |   |  | STREET ADDRESS  | <i>706 Dorado Ct</i>   |
| CITY-ST-ZIP  | BRANDON, FL 33511            |   |  | CITY-ST-ZIP   | <i>Brandon FL 33511</i>  |
| TITLE  | T                            | <input type="checkbox"/> Delete   |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| NAME   | ROSS, LAURA                  |   |  | NAME  |  |
| STREET ADDRESS   | 702 LOMA LINDA CT            |   |  | STREET ADDRESS  |  |
| CITY-ST-ZIP  | BRANDON, FL 33511            |   |  | CITY-ST-ZIP   |  |
| TITLE  | VPD                          | <input type="checkbox"/> Delete   |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| NAME   | CALL, CAROL                  |   |  | NAME  |  |
| STREET ADDRESS   | 704 DORADO CT                |   |  | STREET ADDRESS  |  |
| CITY-ST-ZIP  | BRANDON, FL 33511            |   |  | CITY-ST-ZIP   |  |
| TITLE  | P                            | <input type="checkbox"/> Delete   |  | TITLE   | member-at-large <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | HOOKER, CURTIS               |   |  | NAME  |  |
| STREET ADDRESS   | 708 LOMA LINDA CT            |   |  | STREET ADDRESS  |  |
| CITY-ST-ZIP  | BRANDON, FL 33511            |   |  | CITY-ST-ZIP   |  |
| TITLE  | S                            | <input checked="" type="checkbox"/> Delete  |  | TITLE   | Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| NAME   | <del>EYRING, PATRICIA</del>  |   |  | NAME  | <i>Thomas Tilly</i>  |
| STREET ADDRESS   | <del>720 LOMA LINDA CT</del> |   |  | STREET ADDRESS  | <i>706 Loma Linda Ct</i>   |
| CITY-ST-ZIP  | <del>BRANDON, FL 33511</del> |   |  | CITY-ST-ZIP   | <i>Brandon FL 33511</i>  |
| 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>Laura Ross</i>   |                              | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><i>Laura Ross</i> |  | Date<br><i>01-25-2006</i>   |  |
|  |                              |   |  | Daytime Phone #<br><i>813 334 4653</i>  |  |