

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # G78406

1. Entity Name  
THE LOMA FARMS ROADOWNERS MAINTENANCE  
ASSOCIATION, INC.



Principal Place of Business

3579 LOMA FARM RD  
TALLAHASSEE, FL 32309 US

Mailing Address

3579 LOMA FARM RD  
TALLAHASSEE, FL 32309 US

**FILED**  
04 MAY -1 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2563964

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PAYNE, TEDDY F  
3579 LOMA FARM ROAD  
TALLAHASSEE, FL 32309

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME MORRIS, TERESA  
STREET ADDRESS 3676 LOMA FARM RD  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE V  
NAME CRAWFORD, BILL  
STREET ADDRESS 3513 LOMA FARM RD  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE S  
NAME REEDER, C R  
STREET ADDRESS 3648 LOMA FARM RD  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE T  
NAME PAYNE, TEDDY F  
STREET ADDRESS 3579 LOMA FARM RD  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

300037870483  
06/11/04--01033--007 \*\*150.00

**DO NOT WRITE  
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 607, 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

Date

Daytime Phone #