

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90162 014 \*\*\*150.00

**DOCUMENT # J38988**

1. Entity Name

LAKE FOX VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

4950 CYPRESS GARDENS RD.  
P.O. BOX 79  
WINTER HAVEN FL 33884

Mailing Address

4950 CYPRESS GARDENS RD.  
P.O. BOX 79  
WINTER HAVEN FL 33884  
US

2. Principal Place of Business

4950 CYPRESS GARDENS RD

3. Mailing Address

← SAME

Suite, Apt. #, etc.

P.O. BOX 76

Suite, Apt. #, etc.

City & State

WINTER HAVEN FL

City & State

Zip

33884

Country

USA

Zip

Country

4. FEI Number

59-2765249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARCZAN, JOAN  
102 VILLAGE COURT  
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

Name GRAHAM SHARON  
Street Address (P.O. Box Number is Not Acceptable)  
327 LAKEVIEW LN  
City WINTER HAVEN FL Zip Code 33884

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 SHARON GRAHAM TREASURER Sharon Graham 3/5/05  
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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME AMATO, PAT  
STREET ADDRESS 135 VILLAGE CT.  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☐ Delete  
NAME VP  
NAME MORRIS, FRANK  
STREET ADDRESS 311 LAKEVIEW LANE  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☐ Delete  
NAME S  
NAME REED, KAREN  
STREET ADDRESS 323 LAKEVIEW LANE  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☒ Delete  
NAME T  
NAME MARCZAN, JOAN  
STREET ADDRESS 102 VILLAGE CT.  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☐ Delete  
NAME D  
NAME BRINTON, JIM  
STREET ADDRESS 318 LAKEVIEW LANE  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☐ Delete  
NAME D  
NAME LAWRENCE, DICK  
STREET ADDRESS 142 VILLAGE CT.  
CITY-ST-ZIP WINTER HAVEN FL 33884

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition  
NAME T  
NAME SHARON GRAHAM  
STREET ADDRESS 327 LAKEVIEW LANE  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

PAT AMATO Pres. 3/5/05 863-324 3597