


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L75346		
1. Entity Name DELTONA LOT OWNERS ASSOCIATION, INC.		
Principal Place of Business 1808 N INDIAN RIVER RD NEW SMYRNA BEACH, FL 32169	Mailing Address 1808 N INDIAN RIVER RD NEW SMYRNA BEACH, FL 32169	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HALL, CHARLES A. 417 CANAL ST NEW SMYRNA BEACH, FL 32168		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LYONS, JANET 1808 N INDIAN RIVER RD NEW SMYRNA BEACH, FL	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Janet Lyons 7/7/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>(386) 689-5060</u> <small>Daytime Phone #</small>



07062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3021144	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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07/11/05-80026-020 150.00

**DO NOT WRITE
IN THIS SPACE**