2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0000007952

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

VILLAGES OF LAKE ST. CHARLES HOMEOWNERS' ASSOCIATION, INC.



FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90061 006 ****61.25

☐ Change

Addition

Principal Plac 2908 BAY TO STE. 200 TAMPA, FL 3	D BAY BLVD.	Mailing Address 2908 BAY TO BA STE. 200 TAMPA, FL 3362				0919 5	 	(1) El 10 e)	
2. Principal P	Place of Business	3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		01182005	Chg-NP CR2E03	7 (10/03)		
City & State City		City & State	ty & State		4. FEI Number 59-37030	93		olied For Applicable	
Zip	Country	Zip	Cou	ntry	5. Certificate of S		\$8.75 Addi Fee Required		
- · · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New Registered A	Agent —		
				Name	-				
	ALTY, LLC. TO BAY BLVD.			Street Address (P.O. Box Number is Not Acceptable)					
TAMPA, F	L 33629								
				City			Zip Code		
				City		FL.		•	
	e named entity submits this statement forms of registered agent. Signature, typed or printed name of registered agent.				ustered agent, or both, i	n the State of Florida. Tam I	amiliar with, a	and accept	
	9 Flection	on Campaign F	inancing	\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
	Filing Fee is \$61.25 Due by May 1, 2005		Fund Contribut			Florida Depar	tment of Sta	ate	
10.	Due by May 1, 2005	Trust I			Added to Fees	<u> </u>			
10.	Due by May 1, 2005 OFFICERS AND D	Trust I	11.	on.	Added to Fees	Florida Depar	RECTORS IN	10	
TITLE	OFFICERS AND D	Trust I	11.	on.	Added to Fees	<u> </u>			
TITLE NAME	OFFICERS AND D S BOONYPRICHA, MARTHA	Trust I	11.	on.	Added to Fees	<u> </u>	RECTORS IN	10	
THLE NAME STREET ADDRESS	OFFICERS AND D S BOONYPRICHA, MARTHA 10529 MARONDA DR.	Trust I	11. ITTLE NAM STRE	E E ET ADDRESS	Added to Fees	<u> </u>	RECTORS IN	10	
THILE NAME STREET ADDRESS CHY-SI-ZIP	Due by May 1, 2005 OFFICERS AND D S BOONYPRICHA, MARTHA 10529 MARONDA DR. RIVERVIEW, FL 33569	Trust I	11. STITLE NAM STRE	E ET ADDRESS -SI-ZIP	Added to Fees	<u> </u>	RECTORS IN Change	10 Addition	
TRILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2005 OFFICERS AND D S BOONYPRICHA, MARTHA 10529 MARONDA DR. RIVERVIEW, FL 33569 DP	Trust I	11. TITLE NAM STRE CITY TITLE	E ET ADDRESSSI-ZIP	Added to Fees	<u> </u>	RECTORS IN	10	
NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME	Due by May 1, 2005 OFFICERS AND D S BOONYPRICHA, MARTHA 10529 MARONDA DR. RIVERVIEW, FL 33569 DP CADIEUX, RICHARD	Trust I	11. TITLE NAM STRE CITY TITLE NAM	E E E E T ADDRESS -S1-ZIP	Added to Fees	<u> </u>	RECTORS IN Change	10 Addition	
NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2005 OFFICERS AND D S BOONYPRICHA, MARTHA 10529 MARONDA DR. RIVERVIEW, FL 33569 DP CADIEUX, RICHARD 10531 MARONDA DR	Trust I	11. ITTLE NAM STRE CITY ITTLE NAM STRE STRE	ET ADDRESS ET ADDRESS ET ADDRESS	Added to Fees	<u> </u>	RECTORS IN Change	10 Addition	
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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)(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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmen with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE:	Rull	Cading	RILARD	CADIEUX	1-27-05	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone #