2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008221

FILED Apr 05, 2005 Secretary of State

Entity Name: THE HE	EATHERS AT LAKE JOVITA HO	MEOWNERS ASSOCIATION, IN	C.	
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
PO BOX 2157 OLDSMAR, FL 34677		3974 TAMPA ROAD SUITE B OLDSMAR, FL 34677		
Current Mailing Address:		New Mailing Address	New Mailing Address:	
PO BOX 2157 OLDSMAR, FL 34677				
FEI Number: 65-1124565	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
HANSON, JACK 3974 TAMPA RD. SUITE B OLDSMAR, FL 34677 US The above named entity submits this statement for the purpose o		,	3974 TAMPA RD. SUITE B OLDSMAR, FL 34677 US	
in the State of Florida.	,	- m p		
SIGNATURE: JACK B	HANSON		04/05/2005	
Electro	onic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: D (Name: MUSTARI, RO Address: 290 COCOAN City-St-Zip: SARASOTA,	IUT AVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: D (Name: ANDREWS, C Address: 290 COCOAN City-St-Zip: SARASOTA,	NUT AVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: D (() Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK B HANSON AGEN 04/05/2005