2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 05, 2005 08:00 AM DOCUMENT # N00137 **Secretary of State** 1. Entity Name PATTY ANN ACRES HOMEOWNERS ASSOCIATION, INC. Principal Place of Business _ Mailing Address C/O MARY ANN BASHLINE 40 PELICAN PLACE PALM HARBOR FL 34683 C/O MARY ANN BASHLINE 40 PELICAN PLACE PALM HARBOR FL 34683 2. Principal Place of Business_ 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E037 (10/04) 1st MOORE 4. FEI Number Applied For City & State City & State 59-2960719 Not Applicable ZΙρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BASHLINE, MARY ANN Street Address (P.O. Box Number is Not Acceptable) 40 PELICAN PLACE PALM HARBOR FL 34683 Zip Code 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 DATE Signature, typed or printed pame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees Due By May 1, 2005 Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change Addition TITLE ☐ Delete THE U00000252571 03/05/05-80034-008 61.25 SCHIANO, JOHN NAME 405 MEADOWLARK LANE STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST- ZIP CITY - ST- ZIP TITLE Delete ItTLF ☐ Change ☐ Addition BASHLINE, MARY ANN NAME A AAA **40 PELICAN PLACE** STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP CITY-ST-ZIP. TITLE ☐ Delete ☐ Change ☐ Addition MARIETTA, REISS WHE. NAME 1950 BLUE HERON STREET ADDRESS CIREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP CHY-ST-ZIP DILE ☐ Delete TITLE Change ☐ Addition MRAZ, DOT ... NAME NAME 2040 EGRET DRIVE STREET ADDRESS STREET ACORESS PALM HARBOR FL CITY-ST-ZIP CITY-ST-ZIP In The F Delete HIE Change ☐ Addition NEPHEW, CAROL NAME NAME 2070 SANDPIPER DR STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ROSS, DAVID NAME NAME 160 OSPREY LANE STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-78 CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Description of 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 attachment with an address, with all other like empowered.

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