

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00137

FILED  
Apr 13, 2012  
Secretary of State

**Entity Name:** PATTY ANN ACRES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O JOSEPH NEWMAN  
435 LAUGHING GULL LANE  
PALM HARBOR, FL 34683 US

**New Principal Place of Business:**

2040 EGRET DRIVE  
PALM HARBOR, FL 34683 US

**Current Mailing Address:**

PO BOX 131  
PALM HARBOR, FL 34683 US

**New Mailing Address:**

**FEI Number:** 59-2960719      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MALFA, PATRICIA A  
170 OSPREY LANE  
PALM HARBOR, FL 34683 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LATSHA, DANIEL  
Address: 2040 EGRET DRIVE  
City-St-Zip: PALM HARBOR, FL 34683

Title: STD  
Name: MALFA, PATRICIA  
Address: 170 OSPREY LANE  
City-St-Zip: PALM HARBOR, FL 34683

Title: D  
Name: FOSTER, ALAN  
Address: 2039 CORMORANT DRIVE  
City-St-Zip: PALM HARBOR, FL 34683

Title: D  
Name: DELEON, TAMMY  
Address: 155 OSPREY LANE  
City-St-Zip: PALM HARBOR, FL 34683

Title: D  
Name: EDWARDS, DARCY  
Address: 2080 EGRET DRIVE  
City-St-Zip: PALM HARBOR, FL 34683

Title: D  
Name: LATSHA, SUSAN  
Address: 2040 EGRET DRIVE  
City-St-Zip: PALM HARBOR, FL 34683

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA MALFA

STD

04/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date