

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 24, 2005
Secretary of State**

DOCUMENT# N01000002061

Entity Name: DAMIFINO HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

120 DAMIFINO ST
BOCA GRANDE, FL 33921

New Principal Place of Business:

Current Mailing Address:

PO BOX 1707
BOCA GRANDE, FL 33921

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEIBERT, LYNNE M
120 DAMIFINO ST
PO BOX 1707
BOCA GRANDE, FL 33921 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 () Delete
Name: GODDARD, BETTY
Address: P.O. BOX 1128
City-St-Zip: BOCA GRANDE, FL 33921

Title: D () Delete
Name: GUTMAN, RONALD
Address: P.O. BOX 499
City-St-Zip: BOCA GRANDE, FL 33921

Title: D () Delete
Name: SEIBERT, LYNNE
Address: P.O. BOX 1707
City-St-Zip: BOCA GRANDE, FL 33921

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LYNNE M. SEIBERT

D

01/24/2005

Electronic Signature of Signing Officer or Director

_____ Date