
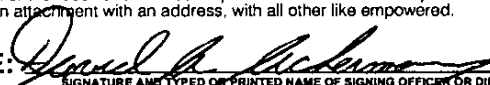


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90205 024 ****61.25

| | | | | | |
|---|--|--|--|---|--|
| DOCUMENT # N01000004074 | | | |  | |
| 1. Entity Name TOWNHOMES AT LOST OAKS HOMEOWNERS' ASSOCIATION, INC. | | | | | |
| Principal Place of Business % ROBERT DIMARCO, CPA 3444 EAST LAKE ROAD, #412 PALM HARBOR, FL 34685 US | | | Mailing Address % ROBERT DIMARCO, CPA 3444 EAST LAKE ROAD, #412 PALM HARBOR, FL 34685 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | 03232006 Chg-NP CR2E037 (11/05) | | | |
| 4. FEI Number 65-1121864 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DIMARCO, ROBERT F CPA PA 3444 EAST LAKE ROAD #412 PALM HARBOR, FL 34685 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE DP NAME PETRELLI, CHARLES STREET ADDRESS 2482 JOHNNA CT. CITY-ST-ZIP PALM HARBOR, FL 34685 | <input checked="" type="checkbox"/> Delete | | TITLE DP NAME DAVID ACKERMAN STREET ADDRESS 2489 JOHNNA CT CITY-ST-ZIP PALM HARBOR FL 34685 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE DVP NAME JENKINS, THOMAS STREET ADDRESS 2477 JOHNNA CT. CITY-ST-ZIP PALM HARBOR, FL 34685 | <input checked="" type="checkbox"/> Delete | | TITLE DVP NAME PAUL CLOUTIER STREET ADDRESS 2465 JOHNNA CT CITY-ST-ZIP PALM HARBOR FL 34685 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE DVP NAME JONES, GRAHAM STREET ADDRESS 2463 JOHNNA CT. CITY-ST-ZIP PALM HARBOR, FL 34685 | <input checked="" type="checkbox"/> Delete | | TITLE DVP NAME ALEX MUSCATI STREET ADDRESS 2496 JOHNNA CT CITY-ST-ZIP PALM HARBOR FL 34685 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | 4/24/06 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |