


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

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

|  |  |   |
|--|--|---|
| <b>DOCUMENT # N01000007146</b>                                       |  |  |
| 1. Entity Name<br><b>DRAKES LANDING HOMEOWNERS ASSOCIATION, INC.</b> |  |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>3007 DRAKES LANDING CT.<br/>VALRICO FL 33594</b> | Mailing Address<br><b>3007 DRAKES LANDING CT.<br/>VALRICO FL 33594</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>04-3591427</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country  |



1st MOORE CR2E037 (10/04)

|   |  |   |  |
|---|--|---|--|
| 5. Name and Address of Current Registered Agent<br><br><b>STEWART, RICHARD<br/>3010 DRAKES LANDING CT.<br/>VALRICO FL 33594</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 | Signature, typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|--|------|

|  |   |                                       |  |
|--|---|---------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|---|---------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>STEWART, RICHARD<br>3010 DRAKES LANDING CT.<br>VALRICO FL 33594 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WEATHERINGTON, ROGER<br>3001 DRAKES LANDING CT.<br>VALRICO FL 33594 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PAYNE, EVA JO<br>3004 DRAKES LANDING CT.<br>VALRICO FL 33594 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>WOODSIDE, BARBARA<br>3007 DRAKES LANDING CT.<br>VALRICO FL 33594 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>NAPPI, JULIE<br>3002 DRAKES LANDING CT.<br>VALRICO FL 33594 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

U00000286707  
04/04/05-80040-004 61.25

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 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:  | <b>Richard Stewart Pres</b> | Date: <b>3/29/05</b> | Daytime Phone #: <b>(813) 248-2848</b> |
|--|-----------------------------|----------------------|--|