
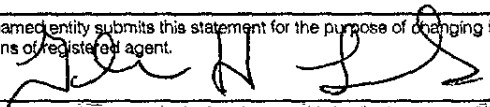
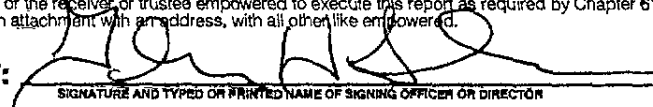


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 18, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # N02000000342</b>		
1. Entity Name <b>FLORIDA TRADITIONS HOMEOWNERS' ASSOCIATION, INC.</b>		
Principal Place of Business <b>4015 PIPELINE ROAD PANAMA CITY, FL 32404 US</b>		Mailing Address <b>P.O. BOX 1427 LYNN HAVEN, FL 32444</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>LUMLEY, THOMAS H 4015 PIPELINE ROAD PANAMA CITY, FL 32404</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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's signature required when reinstating)</small>		
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LUMLEY, THOMAS H P.O. BOX 1427 LYNN HAVEN, FL 32444	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LUMLEY, GINGER M P.O. BOX 1427 LYNN HAVEN, FL 32444	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4-13-05</b> Daytime Phone #



04142005 No Chg-NP CR2E037 (10/03)

4. FBI Number **56-2442502** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

U00000310930  
04/18/05-80025-003 61.25

**DO NOT WRITE  
IN THIS SPACE**