

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90261 032 ****61.25

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1. Entity Name
**STAGECOACH RANCH ESTATES HOMEOWNERS'
ASSOCIATION, INC.**

Principal Place of Business
**1009 N. 14TH ST.
LEESBURG, FL 34748**

Mailing Address
**330 PRIMROSE RD., STE. 210
BURLINGAME, CA 94010**

24058591



2. Principal Place of Business

3. Mailing Address

04142004 Chg-NP CR2E037 (10/03)

4. FEI Number
02-0600163

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MORTON, J.W.
1645 W MAIN STREET
INVERNESS, FL 34450**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **LESTER, MARK D**
STREET ADDRESS **330 PRIMROSE RD., STE. 210**
CITY-ST-ZIP **BURLINGAME, CA 94010**

TITLE **D** ☐ Delete
NAME **SEXTON, MARLIN**
STREET ADDRESS **330 PRIMROSE RD SUITE 210**
CITY-ST-ZIP **BURLINGAME, CA 94010**

TITLE **D** ☐ Delete
NAME **BISHOP, JOHN**
STREET ADDRESS **330 PRIMROSE RD SUITE 210**
CITY-ST-ZIP **BURLINGAME, CA 94010**

TITLE **D** ☐ Delete
NAME **BARES, KAREN**
STREET ADDRESS **330 PRIMROSE RD SUITE 210**
CITY-ST-ZIP **BURLINGAME, CA 94010**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
NAME **Marlin Sexton**
STREET ADDRESS **5725 E Orion Court**
CITY-ST-ZIP **Floral City, FL 34436**

TITLE **VP** ☒ Change ☐ Addition
NAME **Bill Bishop**
STREET ADDRESS **14025 Tomahawk Trail**
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE ☒ Change ☐ Addition
NAME **S/T Karen Barnes**
STREET ADDRESS **14927 Bonaire Circle**
CITY-ST-ZIP **Fort Myers, FL 33908**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-15-04