


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90031 030 ****61.25

DOCUMENT # N02000003081	
1. Entity Name ANNA'S VILLAGE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 2142 SW CR 534 MAYO, FL 32066	Mailing Address 2142 SW CR 534 MAYO, FL 32066
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04030121



01272004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LAWSON, LEVIS E SR ROUTE 3 BOX 255 2142 S.W. CR. 534 MAYO, FL 32066

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWSON, LEVIS E SR 2142 SW CR 534 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAWSON, LEVIS E JR 2142 SW CR 534 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LAWSON, FRANCES L 2142 SW CR 534 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Frances L. Lawson **Frances L. Lawson** 4/19/04 386-294-1149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #