


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000003770 1. Entity Name LUCKY'S LANDING MOBILE HOME OWNERS ASSOCIATION, INC.	
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01232004 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent

BROAD, JAMES D
133 BARRY AVE #34
LITTLE TORCH KEY, FL 33042

**DO NOT WRITE
IN THIS SPACE**

I, 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 renewing)

DATE: 4-2-04

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000104181
04/05/04-80087-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROAD, JAMES D 133 BARRY AVE #34 LITTLE TORCH KEY, FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SWAN, GEORGE 133 BARRY AVE #37 LITTLE TORCH KEY, FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, LAMAR 133 BARRY AVE #17 LITTLE TORCH KEY, FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HIGGINS, MICHAEL 133 BARRY AVE #28 LITTLE TORCH KEY, FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUE, CAROL 133 BARRY AVE #45 LITTLE TORCH KEY, FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STINSON, STEPHANIE 133 BARRY AVE #11 LITTLE TORCH KEY, FL 33042

**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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4-2-04

DAYTIME PHONE: 305-575-2812