

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

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90104 048 \*\*\*\*61.25

**DOCUMENT # N02000003770**



1. Entity Name

**LUCKY'S LANDING MOBILE HOME OWNERS  
ASSOCIATION, INC.**

Principal Place of Business

**133 BARRY AVE #17  
LITTLE TORCH KEY FL 33042**

Mailing Address

**133 BARRY AVE #17  
LITTLE TORCH KEY FL 33042**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

**NO-T APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Barbara Moffit**

Street Address (P.O. Box Number is Not Acceptable)

**133 Barry Ave # 46**

City

**Little Torch Key**

FL

Zip Code

**33042**

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

*Barbara Moffit*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Moffit	
STREET ADDRESS	133 Barry Ave #46	
CITY-ST-ZIP	Little Torch Key FL 33042	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeanne Williamson	
STREET ADDRESS	133 Barry Ave # 32	
CITY-ST-ZIP	Little Torch Key FL 33042	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephanie Stinson	
STREET ADDRESS	133 Barry Ave #11	
CITY-ST-ZIP	Little Torch Key FL 33042	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeff Lunsford	
STREET ADDRESS	133 Barry Ave #12	
CITY-ST-ZIP	Little Torch Key FL 33042	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dat Mirth	
STREET ADDRESS	133 Barry Ave # 35	
CITY-ST-ZIP	Little Torch Key FL 33042	

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

*Stephanie Stinson* **Stephanie Stinson** 4/14/05 3058725717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #