## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Aug 27, 2004 8:00 am Secretary of State

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DOCUMENT # N0200007657  1. Entity Name LLOYD ACRES HOMEOWNERS ASSOCIATION, INC.							08-27-20	04 90005	035 ****6	1.25		
Principal Place of Business P. O. BOX 194 LLOYD, FL 32337		Mailing Address P. O. BOX 194 LLOYD, FL 32337								54	07046	
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.					08192004	Chg-NP	CR2E	37 (10/03)		
City & State		City & State					4. FEI Numb	er PPLICABLE			oplied For	
Zip	Country	Zip		Cou	intry			of Status Desire	ed ~ · 🗀 -	\$8.75 Add	ditional,	
	6. Name and Address of Current	t Registered	Agent	L			7. Name and	Address of Ne	w Registered		<del></del>	
					Name				3 I -	<u>~</u>		
1410 WILE	, Barbara J D Turkey Llo, Fl  32344		-			Donna Jower  Street Address (P.O. Box Number is Not Acceptable)						
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					City	4	ticelle	,	F	Zip Cod	<sup>€</sup> 1 ∨ √	
SIGNATURE .	tions of registered agent.	2							8-2 V	. 66		
	Signature, types or printed name of registered agen	nt and title if applica	ub'e. (NOTI	E: Registere	d Agent signatu	ure required	when reinstating)		8-2 Y DATE	<del></del>		
	Signature speed of printed name of registered ager Filling Fee is \$61.25 ue by September 8, 2004	at and title if applica	9. Election Car Trust Fund (	mpaign F	inancing	ure required	when reinstating) \$5.00 May to Added to Fees		Make che	ck payable t		
<b>D</b> (	Filing Fee is \$61.25 ue by September 8, 2004 OFFICERS AND D		9. Election Car Trust Fund 0	mpaign F	inancing		\$5.00 May 8 Added to Fees		Make chec Florida Depa	ck payable t	tate	
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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 frustee 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 artachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIFFECTOR