

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

08-27-2004 90005 035 ****61.25

DOCUMENT # N02000007657

1. Entity Name
LLOYD ACRES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**P. O. BOX 194
LLOYD, FL 32337**

Mailing Address
**P. O. BOX 194
LLOYD, FL 32337**

54070465



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08192004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARROLL, BARBARA J
1410 WILD TURKEY
MONTICELLO, FL 32344**

Name **Donna Dowler**

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

City **Monticello** **FL** Zip Code **32344**

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

8-24-04

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 September 8, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **SHIVER, LARRY**
STREET ADDRESS **25 BLUE JAY**
CITY-ST-ZIP **MONTICELLO, FL 32344**

TITLE **VP** ☐ Change ☒ Addition
NAME **Roger Dynum**
STREET ADDRESS **479 Quail Ln**
CITY-ST-ZIP **Monticello FL 32344**

TITLE **VP** ☒ Delete
NAME **WILLIAMS, JOHN**
STREET ADDRESS **180 QUAIL LANE**
CITY-ST-ZIP **MONTICELLO, FL 32344**

TITLE **T** ☐ Change ☒ Addition
NAME **Willard Fuller**
STREET ADDRESS **119 mellarb**
CITY-ST-ZIP **Monticello, FL 32344**

TITLE **S** ☒ Delete
NAME **CARROLL, BARBARA**
STREET ADDRESS **1410 WILD TURKEY**
CITY-ST-ZIP **MONTICELLO, FL 32344**

TITLE **D** ☐ Change ☒ Addition
NAME **Christine Williams**
STREET ADDRESS **899 Quail Ln**
CITY-ST-ZIP **Monticello, FL 32344**

TITLE **T** ☒ Delete
NAME **BARNES, BABETTE**
STREET ADDRESS **1030 QUAIL LANE**
CITY-ST-ZIP **MONTICELLO, FL 32344**

TITLE **D** ☐ Change ☒ Addition
NAME **Sue Vasquez**
STREET ADDRESS **39 Thrasher**
CITY-ST-ZIP **Monticello, FL 32344**

TITLE **D** ☐ Delete
NAME **DOWLER, DONNA**
STREET ADDRESS **509 QUAIL LANE**
CITY-ST-ZIP **MONTICELLO, FL 32344**

TITLE **S** ☒ Change ☐ Addition
NAME **Donna L Dowler**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **GORDON, BRUCE**
STREET ADDRESS **201 ROBIN ROAD**
CITY-ST-ZIP **MONTICELLO, FL 32344**

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

Donna L Dowler

8-24-04

850-997-6459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #