2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 01, 2004 8:00 am Secretary of State

DOCUMENT # N02000009888					Secretary of State 02-12-2004 90028 050 ****61.25				
ļ	ER SOCIAL HOMEOWNERS	S ASSOCIATION, INC.							
Principal Place of Business Mailing Address									
5883 MALLARD DRIVE LAKELAND FL 33809 LAKELAND FL 33809						•		,	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E037 (11/03)				
City & State		City & State			4. FEI Number AP-PUED FOB Not Applied For Not Applied For				
Zip	Country	Zip	Country		5. Certificate of St		\$8.75 Fee Re	Additional	
<u> </u>	6. Name and Address of Current	Registered Agent			7. Name end Add	iress of New Regist		1	
	Name								
HARKINS, WM R. EA 5620 US HWY 98 N. SUITE B			Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
	KELAND FL 33809		-						
			City				FL Zp	Code	
	e named entity submits this statement for	or-the purpose of changing-its re	egistered office or	-register	ed:agant; or-both; in	the State of Florida.	am.familiar	with, and accept	
the obliga	itions of registered agent.	•							
SIGNATURE			<u> </u>						
White we made and Facilities	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signatu	ne required	when reinstaling)		DATE	Control for Malin consequence	
	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co			\$5.00 May Be	Make C	heck Pay	able to 🧢 🧦	
	Due By May 1, 2004	ildst Fulld Co	ARRIBURON.		Added to Fees	Fiorida D	epartment	Of State	
10.	OFFICERS AND DI		11.		ADDITIONS/CHANG	ES TO OFFICERS A			
TITLE	BINDA, RICHARD	Delete Delete	TITLE NAME				□ Ch	ange 🗀 Addition	
STREET ADDRESS		•	STREET ADDRESS					-	
CITY-ST-ZIP	LAKELAND FL 33809	<u> </u>	CITY-ST-ZIP						
TITLE	BUTTERS, JANE	. Delete	TITLE NAME	PD	RUTTERS	Taus	∑ Z Ch	ange ' Addition	
STREET ADDRESS			STREET ADDRESS		BUTTERS, 6104 RAVE	N RUN			
CITY-ST-ZIP	LAKELAND FL 33809		CMY-ST-ZIP		LAKELAND	FL 33809	<u> </u>		
TITLE NAME	SD YARBROUGH, NOVA	Celete	TITLE	VP.	STARCKE	R. VALERIA-	P	ange Addition	
STREET ADDRESS	COLO COONE OD		STREET ADDRESS		-556 PETRI	EL CIRCLE			
CITY-ST-ZIP	LAKELAND FL 33809		- CITY-ST-ZIP	ء عصب	LAXELAND	FL 33809			
ITILE	LAROCHE, DONNA	🔀 Delete	TITLE	SP	YARBROW	H NEVA	Ch	ange X Addition	
NAME STREET ADDRESS	6035 MAGPIE DR.		NAME STREET ADDRESS	-	FOIA ODA	416 100	_		
T.	' 1		STREET WOODERS		つりば アレル	V			
C/TY-ST-ZIP	LAKELAND FL 33809		CITY-ST-ZIP	ľ	LAKELAND	FL 3380	7		
TITLE	LAKELAND FL 33809	☐ Delete	CITY-ST-ZIP TITLE	- Targetti	LAKELAND	FL 3380		ange Addition	
TITLE NAME		☐ Delete	TITLE NAME	- Targetti	LAKELAND	FL 3380		ange X Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	TRE	LAKELAND NSWRER QUINN, J 6107 SAND	DIANE, PIPERS DR	 	ange Addition	
TITLE NAME			TITLE NAME	TRE	LAKELAND NSWRER QUINN, J 6107 SAND	FL 3380	 		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE	LAKELAND NSWRER QUINN, J 6107 SAND	DIANE, PIPERS DR	□ CH		

12. Thereby 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: DIANE QUIND 2-06-04 863 859-5055