


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

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**


03-29-2005 90021 041 \*\*\*\*61.25

<b>DOCUMENT # N02254</b>	
<b>1. Entity Name</b> PESCARA LAKE RESIDENTS, INC.	

<b>Principal Place of Business</b> 570 57TH AVE W. BRADENTON FL 34207 US	<b>Mailing Address</b> 570 57TH AVE W., #216 BRADENTON FL 34207 US
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<b>2. Principal Place of Business</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> 570 57th Ave. W. # 199 Suite, Apt. #, etc.
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<b>City &amp; State</b> Bradenton, FL	<b>City &amp; State</b> Bradenton, FL
<b>Zip</b> 34207	<b>Country</b> Monstee

	
1st MOORE	CR2E037 (10/04)
<b>4. FEI Number</b> 59-2529902	<b>Applied For</b> <input type="checkbox"/> Not Applicable

<b>6. Name and Address of Current Registered Agent</b> HAAN, WARREN 570 57TH AVE W., #216 BRADENTON FL 34207	<b>7. Name and Address of New Registered Agent</b> Name: Smith, Richard G. Street Address (P.O. Box Number is Not Acceptable): 570 57th Ave. W. #199 City: Bradenton FL Zip Code: 34207
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**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: Richard G. Smith Richard G. Smith 2/7/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD	<b>NAME</b> HAAN, WARREN <b>STREET ADDRESS</b> 570 57 AVE W, #216 <b>CITY-ST-ZIP</b> BRADENTON FL 34207	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> DM	<b>NAME</b> REGNIER, DALE <b>STREET ADDRESS</b> 570 57TH AVE. W, #147 <b>CITY-ST-ZIP</b> BRADENTON FL 34207	<input type="checkbox"/> Delete	<b>TITLE</b> V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> TD	<b>NAME</b> BIRKEY, CAROL <b>STREET ADDRESS</b> 570 57 AVE W #57 <b>CITY-ST-ZIP</b> BRADENTON FL 34207	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SD	<b>NAME</b> GRAHAM, FRAN <b>STREET ADDRESS</b> 570 57TH AVE. W, #196 <b>CITY-ST-ZIP</b> BRADENTON FL 34207	<input type="checkbox"/> Delete	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> DM	<b>NAME</b> BLACK, WILLIAM <b>STREET ADDRESS</b> 570 57TH AVE. WEST 140 <b>CITY-ST-ZIP</b> BRADENTON FL 34207	<input type="checkbox"/> Delete	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> DVP	<b>NAME</b> SMITH, RICHARD <b>STREET ADDRESS</b> 570 57TH AVE. W, #199 <b>CITY-ST-ZIP</b> BRADENTON FL 34207	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			<b>NAME</b> Bashman, Paula <b>STREET ADDRESS</b> 570 57th Ave. W. # 204 <b>CITY-ST-ZIP</b> Bradenton, FL 34207

**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: Richard G. Smith Richard G. Smith 2/7/05 941-753-6216  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #