2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2004 8:00 am Secretary of State

04-05-2004 90006 015 ****61.2

DOCUMENT # N0300002197 1. Entity Name LOT 81, BLOCK 275, UNIT 13 HOMEOWNERS' ASSOCIATION, INC.						94-03-2004	90000 013	31.23	
6516 MATANZAS DRIVE 651		6516 MA	ling Address 16 MATANZAS DRIVE BRING, FL 33872 US					25980	
2. Principal P	Place of Business	3. Mailing	Address						
Suite, Apt. #, etc.		Suite,	Apt. #, etc.		03302004 C	Chg-NP	CR2E037 (10/03)		
City & State		City &	City & State		4. FEI Number			Applied For	
Zip	Country	Zip		Country	5. Certificate of S	Status Desired	□ \$8.75 A	dditional	
	6. Name and Address of Curren	t Registered A	gent		7. Name and Ad	dress of New R	egistered Agent		
MUNICION MADTIN K				Name	Name				
WINSLOW, MARTIN K 6516 MATANZAS DRIVE SEBRING, FL 33872				Street Addres	s (P.O. Box Number is Not Acceptable)				
				City	· · · · · · · · · · · · · · · · · · ·		FL Zip Co	de	
	e named entity submits this statement f tions of registered agent.	or the purpose	of changing its r	egistered office or regi	istered agent, or both, ir	n the State of Flo	orida. I am familiar witl	n, and accept	
SIGNATURE	Signature, typed or printed name of registered ager	t and little if applicabl	le. {NOTE:	Registered Agent signature req	quired when reinstating)		DATE		
	Signature, typed or printed name of registered agentification. Filling Fee is \$61.25 'Due by May 1, 2004		9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees		DATE ake check payable ida Department of		
195 -	Filing Fee is \$61.25		9. Election Cam	paign Financing	\$5.00 May Be Added to Fees	Flor	ake check payable	State	
1 400	Filing Fee is \$61.25 'Due by May 1, 2004 OFFICERS AND D		9. Election Cam	paign Financing ontribution.	\$5.00 May Be Added to Fees	Flor	ake check payable ida Department of	N 10	
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12. Thereby certify that the information supplied with this filling 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: ///

Martin Window ALES IDENT
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 31/04

1-863-386-1646

Daytime Phone #