

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-05-2004 90006 015 ****61.25

DOCUMENT # N03000002197
 1. Entity Name
 LOT 81, BLOCK 275, UNIT 13 HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
 6516 MATANZAS DRIVE
 SEBRING, FL 33872 US

Mailing Address
 6516 MATANZAS DRIVE
 SEBRING, FL 33872 US

54025980

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

03302004 Chg-NP CR2E037 (10/03)



4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 WINSLOW, MARTIN K
 6516 MATANZAS DRIVE
 SEBRING, FL 33872

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WINSLOW, MARTIN	
STREET ADDRESS	6516 MATANZAS DR.	
CITY-ST-ZIP	SEBRING, FL 33872	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PUFFENBERGER, GEORGE	
STREET ADDRESS	6514 MATANZAS DR.	
CITY-ST-ZIP	SEBRING, FL 33872	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WINSLOW, JOAN	
STREET ADDRESS	6516 MATANZAS DR.	
CITY-ST-ZIP	SEBRING, FL 33872	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHAFOR, GENE	
STREET ADDRESS	6518 MATANZAS DR.	
CITY-ST-ZIP	SEBRING, FL 33872	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Martin Winslow **PRESIDENT** MARCH 31/04 1-863-386-1646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #