

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

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90662 018 ****61.25

DOCUMENT # N03000002409

1. Entity Name

TOWNHOMES AT LAKE AVENUE ASSOCIATION, INC.



Principal Place of Business

**4900-H CREEKSIDE DRIVE
CLEARWATER FL 33760**

Mailing Address

**4900-H CREEKSIDE DRIVE
CLEARWATER FL 33760**

2. Principal Place of Business

1001 Lake Ave. S.

3. Mailing Address

1616 Rachel Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33756

Country

Pinellas

Zip

33756

Country

Pinellas

4. FEI Number

01-0756684

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**QUARTETTI, THOMAS L.
4900-H CREEKSIDE DRIVE
CLEARWATER FL 33760**

7. Name and Address of New Registered Agent

Name

Jeffrey S. Harris

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

1614 Jacob Court

City

Clearwater

FL

Zip Code
33756

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

Jeffrey S. Harris **Jeffrey S. Harris; President**

4-12-2004

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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** ☒ Delete
NAME **QUARTETTI, RALPH W**
STREET ADDRESS **4900-H CREEKSIDE DRIVE**
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **VD** ☒ Delete
NAME **QUARTETTI, THOMAS L**
STREET ADDRESS **4900-H CREEKSIDE DRIVE**
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **STD** ☒ Delete
NAME **HUNTER, ERIKA D**
STREET ADDRESS **4900-H CREEKSIDE DRIVE**
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Harris, Jeffrey S.**
STREET ADDRESS **1614 Jacob Court**
CITY-ST-ZIP **Clearwater, FL 33756**

TITLE **VD** ☒ Change ☐ Addition
NAME **Haydon, Reed**
STREET ADDRESS **1601 Druid Road**
CITY-ST-ZIP **Clearwater, FL 33756**

TITLE **STD** ☒ Change ☐ Addition
NAME **Mullis, Denise**
STREET ADDRESS **1616 Rachel Court**
CITY-ST-ZIP **Clearwater, FL 33756**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Denise Mullis **DENISE Mullis**

4/21/04 727 461-4122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #