


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90139 030 ****61.25

DOCUMENT # N03000004128 1. Entity Name THE VILLAGE OF SAFETY HARBOR HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1121 MLK STREET SAFETY HARBOR, FL 34695			Mailing Address PO BOX A WAYNE, PA 19087		
2. Principal Place of Business P.O. Box 134 Suite, Apt. #, etc.		3. Mailing Address 1234 P.O. Box 134 Suite, Apt. #, etc.			
City & State Safety Harbor FL Zip 34695 Country		City & State Safety Harbor FL Zip 34695 Country		4. FEI Number 52-7326002	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOLCOMB, VICTOR W ESQ. 106 S. TAMiami AVE. SUITE 200 TAMPA, FL 33609			7. Name and Address of New Registered Agent Name ELIZABETH R. MANNION Street Address (P.O. Box Number is Not Acceptable) 1150 CLEVELAND STREET, SUITE 300 City CLEARWATER FL Zip Code 33755		
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 <u><i>Elizabeth R. Mannion</i></u> April 5, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNICKMAN, WILLIAM PO BOX A WAYNE, PA 19087	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JEFFREY J. THOMAS 913 WOODBRIDGE CT. SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTERSON, RICHARD PO BOX A WAYNE, PA 19087	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT TERA LARSEN 924 WOODBRIDGE CT. SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER HUGH BALBON I 917 WOODBRIDGE CT. SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARY LUBIN 926 WOODBRIDGE CT. SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOETTE GOWIN 916 WOODBRIDGE CT. SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Jeffrey J. Thomas</i></u> JEFFREY J. THOMAS, PRESIDENT 4/5/05 727-791-4886 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					