2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N03000004128 1. Entity Name THE VILLAGE OF SAFETY HARBOR HOMEOWNERS ASSOCIATION, INC. Principal Place of Business 1121 MIK STREET PO ROY A						04-12-2005	90139 03	30 ****61	1.25
1121 MLK STREET PO BOX A SAFETY HARBOR, FL 34695 WAYNE, PA 19087									
	Place of Business Box 134	3. Mailing Address 134 2.0.8×134							
Suite, Apt.		Suite, Apt. #, etc.	7: 10 1		02082005	Chg-NP	CR2E03	37 (10/03)	
City & Stat	10 Y HARBOR FL	City & State SAFETY HOR	BOR F	=_	4. FEI Number 52-7326				oplied For ot Applicable
31/92	Country	Zip 34695	Country			of Status Desired		\$8.75 Add Fee Require	ditional
3,50	6. Name and Address of Current F				7. Name and	Address of New I		.	
HOLCOMB, VICTOR W ESQ.					EBETH R. MANNION				
106 S. TAMIAMI AVE.				Address (F	O. Box Number	is Not Acceptable	le)	Sware	300
SUITE 200 TAMPA, F				1752	, — • •	-P110 2 1R	, 10	20176	304
	•		City	حد	ORWINTE		FL	Zip Cod	e <<
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 Lies Little M. Masser Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Signature, harded or priviled name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
\ .	Signature, 19865 or priviled haine of registered agent a	nd little if applicable. (NO12: F	Registered Agent sign	nature required	when reinstating)		DATE		
<u> </u>	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	, P	Make check	payable t	o
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing	^	\$5.00 May Be Added to Fees DDITIONS/CHA	, P	Make check rida Depart	payable to	o tate
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12. I nereby 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR 1 Day Daysing Phone 1