


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90165 003 ****61.25

| | | | | | |
|--|---------------------------------|--|---|---|--|
| DOCUMENT # N03000004734 | | | |  | |
| 1. Entity Name STAR LAKE ESTATES HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business RT-17, BOX 830 324 NW LUNA LOOP LAKE CITY, FL 32055 | | | Mailing Address 324 NW LUNA LOOP LAKE CITY, FL 32055 | | |
| 2. Principal Place of Business 324 NW LUNA LOOP | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State LAKE CITY, FL | | City & State | | | |
| Zip 32055 | Country COLUMBIA | Zip | Country | 4. FEI Number NOT APPLICABLE | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SCOTT, ELAINE V RT-17, BOX 830 324 NW LUNA LOOP LAKE CITY, FL 32055 | | | 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 <i>Elaine V Scott</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | (NOTE: Registered Agent signature required when reinstating) DATE <i>4/21/05</i> | | |
| 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 PD NAME SCOTT, ELAINE V STREET ADDRESS RT-17, BOX 830 324 NW LUNA LOOP CITY-ST-ZIP LAKE CITY, FL 32055 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE SD NAME SCOTT, DARYL W STREET ADDRESS RT. 17, BOX 830 CITY-ST-ZIP LAKE CITY, FL 32055 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE TD NAME SCOTT, JOHN L STREET ADDRESS RT. 17, BOX 830 CITY-ST-ZIP LAKE CITY, FL 32055 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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 | |
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| 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: <i>ELAINE SCOTT</i> <i>Elaine Scott</i> | | | Date <i>4/20/05</i> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Daytime Phone # <i>356 755-7530</i> | | |