


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90037 041 ****61.25

DOCUMENT # N03987		
1. Entity Name SUTTON PLACE HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business 4174 WOODLAUDS PKWY PALM HARBOR, FL 34685 US	Mailing Address 4174 WOODLAUDS PKWY PALM HARBOR, FL 34685 US
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40004074



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2469252	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NOLAN, JAMES % FIRST CHOICE ASSOC. MGMT 4174 WOODLAUDS PKWY PALM HARBOR, FL 34685	DO NOT WRITE IN THIS SPACE
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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 James Nolan DATE 1/11/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEISS, AL 3471 WOODMONT WAY PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANZ, FREDERICK 908 ROSEWOOD LN PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODDY, ED 3484 W WOODMONT WAY PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COUNSEL, GENE 3462 SUTTON PLACE PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KMETZ, DICK 913 ROSEWOOD LANE PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Frederick F. Lanz, Pres DATE 1/18/05 DAYTIME PHONE # 785-8887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR