

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-13-2005 90066033 ***61.25
N04000007119

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000007119 <i>Country</i>					
1. Entity Name LAKEWOOD RANCH COUNTRY CLUB - WEST COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 8210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202			Mailing Address 8210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <i>20-2618350</i>	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VOGLER ASHTON, PLLC 1001 3RD AVE W STE 500 BRADENTON, FL 34205 <i>Ste 420</i>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>Ste 420</i> 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHIER, JAMES R 8210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BYRNES, KAREN 8210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HEIM, PRISCILLA 8210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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>Priscilla Heim</i>		Date: <i>2/11/05</i> 9413281034			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			

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