


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90013 040 ****61.25

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|--|--|---|--|---|---|--|
| DOCUMENT # N04000011035 1. Entity Name ASBEL ESTATES HOMEOWNERS ASSOCIATION, INC. | | | |  | | |
| Principal Place of Business 4904 EISENHOWER BLVD., SUITE 150 TAMPA, FL 33634 | | | Mailing Address 4904 EISENHOWER BLVD., SUITE 150 TAMPA, FL 33634 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & State | | City & State | | | | |
| Zip | Country | Zip | Country | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | |
| MEZER, STEVEN H 220 SOUTH FRANKLIN STREET TAMPA, FL 33602 | | | | 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 _____ <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 September 7, 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 | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div> | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete COLLINS, THERESA LYNN 4904 EISENHOWER BLVD., SUITE 150 TAMPA, FL 33634 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete TURBEVILLE, LISA 4904 EISENHOWER BLVD., SUITE 150 TAMPA, FL 33634 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete THOMPSON, LEE R 4904 EISENHOWER BLVD., SUITE 150 TAMPA, FL 33634 | | | 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: *Lee R. Thompson - Director*

Date: **6-30-05** Daytime Phone #: **813 290-7900**