

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90374 011 ****61.25

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1. Entity Name

LIFE VILLAGE MOBILE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

500 S NOVA RD
ORMOND BEACH FL 32174
US

Mailing Address

122 PAPAYA DR
ORMOND BEACH FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2239825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEPORE, DONALD
122 PAPAYA DR
ORMOND BEACH FL 32174

Name ROSEMARIE HANSEN

Street Address (P.O. Box Number is Not Acceptable)

613 CLOVE LN

City ORMOND BEACH, FL

Zip Code 32174

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 reinstating)

DATE

FILE NOW: 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

TITLE DP CHANGE ☐ Delete
NAME RACE, SANDY
STREET ADDRESS 103 JASMIN DR
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE DVP CHANGE ☐ Delete
NAME REICHERT, CAL
STREET ADDRESS 606 CLOVE LN
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE DT ☒ Delete
NAME LEPORE, DON
STREET ADDRESS 122 PAPAYA DR
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D ☐ Delete
NAME WARD, SHIRLEY
STREET ADDRESS 111 SUNNY BROOK CIR SO.
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D ☒ Delete
NAME KLESE, MARGAURITE
STREET ADDRESS 101 SUNNYBROOK CIRCLE SOUTH
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE DS ☒ Delete
NAME HARRIS, JUDITH
STREET ADDRESS 114 PAPAYA DR
CITY-ST-ZIP ORMOND BEACH FL 32174

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DVP ☐ Change ☒ Addition
NAME PHILLIP GOLLE
STREET ADDRESS 122 JASMIN DR.
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE DS ☐ Change ☒ Addition
NAME BARBARA STRAWSER
STREET ADDRESS 112 SUNNYBROOK CIR. N.
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE DT ☐ Change ☒ Addition
NAME ROSEMARIE HANSEN
STREET ADDRESS 613 CLOVE LN
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D ☐ Change ☒ Addition
NAME FRANK SEBBY
STREET ADDRESS 609 ROSEMARY LN
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D ☐ Change ☒ Addition
NAME BETTY JEAN LAW
STREET ADDRESS 607 ROSEMARY LN
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D ☐ Change ☒ Addition
NAME NORMAN TURGEON
STREET ADDRESS 119 SUNNYBROOK CIR. N.
CITY-ST-ZIP ORMOND BEACH, FL 32174

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: ROSEMARIE HANSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-676-1354