

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90265 026 ****61.25

DOCUMENT # N04042

1. Entity Name

LIFE VILLAGE MOBILE HOME OWNERS ASSOCIATION, INC.

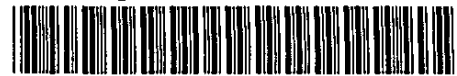


Principal Place of Business

**500 S NOVA RD
ORMOND BEACH FL 32174
US**

Mailing Address

**122 PAPAYA DR 613 CLOVE LANE
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 (10/05)

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

**HANSEN, ROSE MARIE
613 CLOVE LANE
ORMOND BEACH FL 32174**

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

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, 2006**

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	D RACE, SANDY 103 JASMIN DR ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP REICHERT, CAL 606 CLOVE LN ORMOND BEACH FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GOLLE, PHILLIP 122 JASMIN DRIVE ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, SHIRLEY 111 SUNNY BROOK CIR SO. ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STRAWSER, BARBARA 112 SUNNYBROOK CIR. N. ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HANSEN, ROSEMARIE 613 CLOVE LANE ORMOND BEACH FL 32174	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BETTY JEAN LAW 607 ROSEMARY LN ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK SEBBY 609 ROSEMARY LN ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIP GOLLE 122 JASMIN DR ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 119, 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

1/30/06

Date Daytime Phone #

ATTACHMENT 46039501
#N04042Form **1120-H**U.S. Income Tax Return
for Homeowners Associations

OMB No. 1545-0127

2005Department of the Treasury
Internal Revenue Service

For calendar year 2005 or tax year beginning

, 2005, and ending , 20

Use
IRS
label
Other
wis
prin
type
YS 59-2935191 DEC2005 29
LIFE VILLAGE HOMEOWNERS ASSOC
500 S Nova Rd
Ormond Beach FL 32174-6123I
R
S

Employer identification number (see page 5)

Date association formed

Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended returnA Check type of homeowners association: ☐ Condominium management association ☐ Residential real estate association ☐ Timeshare association

B	Total exempt function income. Must meet 60% gross income test (see instructions)	B	0
C	Total expenditures made for purposes described in 90% expenditure test (see instructions)	C	0
D	Association's total expenditures for the tax year (see instructions)	D	0
E	Tax-exempt interest received or accrued during the tax year	E	6

Gross Income (excluding exempt function income)

1	Dividends	1	9
2	Taxable interest	2	
3	Gross rents	3	
4	Gross royalties	4	
5	Capital gain net income (attach Schedule D (Form 1120))	5	
6	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6	
7	Other income (excluding exempt function income) (attach schedule)	7	
8	Gross income (excluding exempt function income). Add lines 1 through 7	8	0

Deductions (directly connected to the production of gross income, excluding exempt function income)

9	Salaries and wages	9	0
10	Repairs and maintenance	10	
11	Rents	11	
12	Taxes and licenses	12	
13	Interest	13	
14	Depreciation (attach Form 4562)	14	
15	Other deductions (attach schedule)	15	
16	Total deductions. Add lines 9 through 15	16	
17	Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	0
18	Specific deduction of \$100	18	\$100 00

Tax and Payments

19	Taxable income. Subtract line 18 from line 17	19	0
20	Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)	20	0
21	Tax credits (see instructions)	21	0
22	Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits.	22	0
23	Payments: a 2004 overpayment credited to 2005	23a	
	b 2005 estimated tax payments	23b	
	c Total	23c	
	d Tax deposited with Form 7004	23d	
	e Credit for tax paid on undistributed capital gains (attach Form 2439)	23e	
	f Credit for Federal tax on fuels (attach Form 4136)	23f	
	g Add lines 23c through 23f	23g	
24	Tax due. Subtract line 23g from line 22. See instructions for depository method of tax payment	24	
25	Overpayment. Subtract line 22 from line 23g	25	
26	Enter amount of line 25 you want: Credited to 2006 estimated tax	26	0

Sign
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer
Rosemarie HansenDate
3/16/06Title
TreasurerMay the IRS discuss this return
with the preparer shown below
(see instructions)? ☐ Yes ☐ NoPaid
Preparer's
Use OnlyPreparer's
signatureFirm's name (or
yours if self-employed),
address, and ZIP code

Date

3/16/06

Check if
self-employed ☐

EIN

Phone no. ()

Preparer's SSN or PTIN