

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

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90038 008 ****61.25

DOCUMENT # N06546

1. Entity Name

LAKEHORE VILLA HOME OWNERS, INC.



Principal Place of Business

15409 LAKEHORE VILLAS BLVD.
TAMPA FL 33613
US

Mailing Address

15409 LAKEHORE VILLAS BLVD.
139
TAMPA FL 33613
US

50015993



1st MOORE

CR2E037 (10/04)

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

NO-T APPLICABLE

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

CURRY, SHIRLEY
406 SINCLAIR HILLS RD
TAMPA FL 33613-1368

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 SHIRLEY CURRY

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME WOODLIFF, PHYLLIS
STREET ADDRESS 15402 LV LANE
CITY-ST-ZIP TAMPA FL 33613

TITLE TD ☐ Change ☒ Addition
NAME SPRINKE, ROBERTA
STREET ADDRESS 15424 LV DRIVE
CITY-ST-ZIP TAMPA, FL 33613

TITLE PD ☒ Delete
NAME EALES, PRISCILLA
STREET ADDRESS 15443 LAKEHORE VILLAS CIRCLE
CITY-ST-ZIP TAMPA FL 33613

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME CURRY, SHIRLEY A
STREET ADDRESS 406 SINCLAIR HILLS RD
CITY-ST-ZIP TAMPA FL 33613-1368

TITLE PD ☒ Change ☐ Addition
NAME CURRY, SHIRLEY A.
STREET ADDRESS 406 SINCLAIR HILLS RD
CITY-ST-ZIP TAMPA, FL 33613

TITLE SD ☒ Delete
NAME MAGGI, COLLEEN
STREET ADDRESS 15453 LAKEHORE VILLAS CIRCLE
CITY-ST-ZIP TAMPA FL 33613

TITLE SD ☐ Change ☒ Addition
NAME HAYNES, ODEN
STREET ADDRESS 15501 LV STREET
CITY-ST-ZIP TAMPA FL 33613

TITLE D ☐ Delete
NAME WOMBLE, BETTY
STREET ADDRESS 15414 LAKEHORE VILLAS ROAD
CITY-ST-ZIP TAMPA FL 33613

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME USSERY, ELIZABETH
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Change ☒ Addition
NAME USSERY, ELIZABETH
STREET ADDRESS 15533 LV DRIVE
CITY-ST-ZIP TAMPA, FL 33613

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: SHIRLEY CURRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 7, 2005 813-962-3167

Date

Daytime Phone #