

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 03, 2005 08:00 AM
Secretary of State**

DOCUMENT # N11885

1. Entity Name
LOST OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
8916 CHEMSTRAND RD
LOT 11
PENSACOLA, FL 32514 US

Mailing Address
8916 CHEMSTRAND RD
LOT 11
PENSACOLA, FL 32514 US



DO NOT WRITE IN THIS SPACE

02152005 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BOZEMAN, VIOLET
8916 CHEMSTRAND RD
LOT 11
PENSACOLA, FL 32514

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IN THIS SPACE**

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 reinstalling)

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**

10. OFFICERS AND DIRECTORS

TITLE P
NAME BOZEMAN, VIOLET
STREET ADDRESS 8916 CHEMSTRAND RD #11
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE VP
NAME COFFEY, TRACEY
STREET ADDRESS 8916 CHEMSTRAND RD #13
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE ST
NAME WILL, SHIRLEY
STREET ADDRESS 8916 CHEMSTRAND RD #16
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE ST
NAME FAIRCLOTH, DEBRA
STREET ADDRESS 8916 CHEMSTRAND RD #9
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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06/03/05-80006-U11 70.00

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: Violet Bozeman, Violet Bozeman 05-31-05 850-377-7892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #