

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90004 044 ****61.25

DOCUMENT # N15961

1. Entity Name

VOTAW VILLAGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

165 WEST SR 434
WINTER SPRINGS FL 32708
US

Mailing Address

PO BOX 915322
LAKE MARY FL 32791-5322
US

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

59-2936552

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

NATIONAL ASSOCIATION MANAGEMENT COMPANY
165 W STATE RD 434
WINTER SPRINGS FL 32708

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, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	PD EELLS, JANET 103 N CERVIDAE DR APOPKA FL 32703	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLACK, RALPH 340 CERVIDAE DR. APOPKA FL 32703	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FRAME, KATHY 50 N. CERVIDAE DR APOPKA FL 32703	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARTIN, ALBERT 635 WHITETAIL LOOP APOPKA FL 32703	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAN HOOVER 139 CERVIDAE APOPKA- FL 32703	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARTIN ALBERT	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

Albert Partin
ALBERT PARTIN

1/28/04

407-327-5824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #