

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90025 022 ****70.00

DOCUMENT # N20717 1. Entity Name LOT 13, BLOCK 278, UNIT 13 HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 5607 GRANADA BLVD. SEBRING, FL 33872		Mailing Address 5607 GRANADA BLVD. SEBRING, FL 33872	
2. Principal Place of Business <u>5603 GRANADA BLVD.</u> Suite, Apt. #, etc.		3. Mailing Address <u>5603 GRANADA BLVD.</u> Suite, Apt. #, etc.	
City & State <u>SEBRING, FL</u>		City & State <u>SEBRING, FL</u>	
Zip <u>33872</u>		Zip <u>33872</u>	
Country <u>HIGHLANDS</u>		Country <u>HIGHLANDS</u>	
4. FEI Number 59-2881396		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACARTY, MICHAEL 5607 GRANADA BLVD. SEBRING, FL 33872		7. Name and Address of New Registered Agent Name <u>JOANNE FLAA</u> Street Address (P.O. Box Number is Not Acceptable) <u>5603 GRANADA BLVD.</u> <u>SEBRING, FL</u> City <u>SEBRING</u> FL <u>33872</u>	
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 <u>JOANNE FLAA, PRESIDENT</u> DATE <u>7-16-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PST MCCARTY, MICHAEL 5607 GRANADA BLVD. SEBRING, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOANNE FLAA 5603 GRANADA BLVD. SEBRING, FL 33872 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: <u>JOANNE FLAA, PRESIDENT</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>7-16-05</u> <u>Joanne Flaa</u> <small>Date Daytime Phone #</small>	