2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N20717 1. Entity Name LOT 13, BLOCK 278, UNIT 13 HOMEOWNERS' ASSOCIATION, INC.				O7-20-2005 90025 022 ****70.00			
Principal Plac 5607 GRANA SEBRING, FL		Mailing Address 5607 GRANADA BLVD. SEBRING, FL 33872		1 180 (181 8/8 18/1 8/1	5005 THE HEALTH OF THE HEALTH	6279	HI OLIOHI
2. Principal P	Place of Bysiness 3 (7 PCANADA-Blue	3. Mailing Address 4. 5603 GRANAD	a Bl.Vd				
Suite, Apt.		Suite, Apt. #, etc.	<i>a 15</i>	07132005 Chg	J-NP CR2E03	7 (10/03)	
City & State SECRING, FL SEDRING, F			·L	4. FEI Number Applied For 59-2881396 Not Applicable			
3387	2 High IANDS		Country ANDS	5. Certificate of State		\$8.75 Addit Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
5607 GRA	MICHAEL NADA BLVD.	Street Address	Name JOA NAVE FLAA Straet Address (P.Q. Box Number is Not Acceptable)				
SEBRING,	, FL 33872	Seb.	Sebring FL				
		SEBRINA FL ZID COde 37572					
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 JOHNNE FLAT PRESIDENT 7-16-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rematating) DATE						. •	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regi	Stered Agent signature requires	d when reinstating)	DATE	16-0	<u>5</u>
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 7, 2005	and title if applicable. (NOTE: Regional Company Trust Fund Contri	gn Financing	\$5.00 May Be Added to Fees	Make check Florida Departs	payable to	
	Filing Fee is \$61.25 ue by September 7, 2005 OFFICERS AND DIE	9. Election Campaig Trust Fund Contri	gn Financing bution.	\$5.00 May Be Added to Fees	Make check Florida Departs TO OFFICERS AND DIR	payable to ment of Sta	ite
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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 charged, or on an attachment with an address, with all other like empowered.

STREET ADORESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: OANKE FLAA, PRESIDENT 7-16-85 JOHNSON FROM DESTREE PROPERTY OF DESTREE PROP