

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21619

FILED
Feb 09, 2005
Secretary of State

Entity Name: CARMEN OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

863 CYNTHIANNA CIR
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

872 CYNTHIANNA CIR
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

874 CYNTHIANNA CIR
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

872 CYNTHIANNA CIR
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ZERIVITZ, DON
872 CYNTHIANNA CIR.
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WAYNE, JOHN
Address: 876 CYNTHIANNA CIR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD () Delete
Name: ZERVITZ, DON
Address: 872 CYNTHIANNA CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPD () Delete
Name: CHALIFOUX, WAYNE
Address: 870 CYNTHIANNA CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: SEC () Delete
Name: BRENNER, LINDA
Address: 874 CYNTHIANNA CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA BRENNER

SEC

02/09/2005

Electronic Signature of Signing Officer or Director

_____ Date