

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21631

FILED
Jul 12, 2006
Secretary of State

Entity Name: SEVER'S LANDING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 571
PALM HARBOR, FL 34683 US

New Principal Place of Business:

P O BOX 571
PALM HARBOR, FL 34682 US

Current Mailing Address:

P O BOX 571
PALM HARBOR, FL 34682 US

New Mailing Address:

FEI Number: 59-2836105 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MAGUIRE, SUSAN
2027 SWAN LANE
PALM HARBOR, FL 34683 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: D () Delete
Name: HAZLETT, JAMES
Address: 676 SEVERS LANDING
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: KIRCHER, SHARON
Address: 602 SEVERS LANDING
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: STEIN, GARY
Address: 1980 SWAN LANE
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: GUILLETTE, MELODY
Address: 626 SEVERS LANDING
City-St-Zip: PALM HARBOR, FL 34683

Title: SD () Delete
Name: MERGER, RITA
Address: 2095 SWAN LANE
City-St-Zip: PALM HARBOR, 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:

Title: SD (X) Change () Addition
Name: MERGER, RITA
Address: 2095 SWAN LANE
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GARY F. STEIN

MR

07/12/2006

Electronic Signature of Signing Officer or Director

Date