


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90039 043 \*\*\*\*61.25

<b>DOCUMENT # N22724</b>		
1. Entity Name <b>MARGAREE GARDENS HOMEOWNERS' ASSOCIATION, INC.</b>		

Principal Place of Business <b>P.O. BOX 121415 CLERMONT FL 34712</b>	Mailing Address <b>P. O. BOX 121415 CLERMONT FL 34712 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent  <b>FREY, PETER 1981 BRANTLEY CIR CLERMONT FL 34711</b>		7. Name and Address of New Registered Agent Name <b>POINSETTE, KATHLEEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1985 BRANTLEY CIRCLE</b> City <b>CLERMONT</b> FL Zip Code <b>34711</b>	
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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 *Kathleen A. Poinsette* DATE 3-4-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RODDAM, LESLEY 1914 BRANTLEY CIRCLE CLERMONT FL 34711</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRUNS, ALAN 1932 BRANTLEY CIRCLE CLERMONT, FL 34711</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FREY, PETER 1981 BRANTLEY CIR CLERMONT FL 34711</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SELF, PAUL 1992 BRANTLEY CIRCLE CLERMONT, FL 34711</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP KUREEN, JENNIFER 1978 BRANTLEY CIRCLE CLERMONT FL 34711</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KUREEN, JENNIFER 1978 BRANTLEY CIRCLE CLERMONT, FL 34711</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TIDWELL, ELLEN 1969 BRANTLEY CIRCLE CLERMONT FL 34711</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DOMOHUE, JOANNE 1971 BRANTLEY CIRCLE CLERMONT, FL 34711</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SPE INSALARO, GENA 1920 BRANTLEY CIR CLERMONT FL 34711</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S INSALACO, GENA 1920 BRANTLEY CIRCLE CLERMONT, FL 34711</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D POINSETTE, KATIE 1985 BRANTLEY CIRCLE CLERMONT FL 34711</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T POINSETTE, KATHLEEN 1985 BRANTLEY CIRCLE CLERMONT, FL 34711</b> <input checked="" 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: *Kathleen A. Poinsette* **KATHLEEN A. POINSETTE** 3/4/05 (352) 242-6711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #