## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Richard A. Sellers.

## **Secretary of State DOCUMENT # N23347** 02-28-2007 90011 040 \*\*\*\*61.25 LOS ARCOS HOMEOWNER'S ASSOCIATION, INC. Mailing Address Principal Place of Business 2434 DANA DR 2434 DANA DR SAFETY HARBOR, FL 34695 SAFETY HARBOR, FL 34695 US US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 02232007 Cha-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 59-2887935 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SELLERS, RICHARD A Street Address (P.O. Box Number is Not Acceptable) **2434 DANA DR** SAFETY HARBOR, FL 34695 City Zip Code 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. Director/Treas 23. 2007 SIGNATURE DATE 9. Election Campaign Financing \$5.00 May Be Make check payable to Filling Fee Is \$81.25 Trust Fund Contribution. п Florida Department of State Added to Fees Due by May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete TITLE Addition TITLE ☐ Change SELLERS, RICHARD A NAME NAME STREET ADDRESS **2434 DANA DR** STREET ADDRESS SAFETY HARBOR, FL 34695 CITY-ST-ZIP CHY-ST-ZP TITLE X Defete MILE (V) Change Addition Spoto, Mark NAME **BRACKETT, WESLEY** NAME 2431 DANA DRIVE 2433 Dana Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR, FL 34695 CITY-ST-ZIP Safety Harbor, Fl. 34695 SD TITLE Delete TITLE ☐ Change ☐ Addition JACOB, ANN NAME NAME STREET ADDRESS 2403 DANA DRIVE STREET ADDRESS SAFETY HARBOR, FL 34695 CITY-ST-70P CITY-ST-ZPP ☐ Addition TITLE ☐ Deleta TITLE ☐ Chenna NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Addition ☐ Cheans NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP 12. I hereby certify that the information supptied with this filing does not qualify for the exemptions contained 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 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 report Feb. 23, 2007 Leever 727-725-4578 Daytime Phone # SIGNATURE: Director/Treas

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Feb 28, 2007 8:00 am