

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90067 030 ****61.25

DOCUMENT # *N 23680*

1. Entity Name

*LOT 83, BLOCK 275, UNIT 13
HOMEOWNERS' ASSOCIATION, Inc.*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4101 SUNN LAKES BLVD

Suite, Apt. #, etc.

3. Mailing Address

6432 MATANZAS DR

Suite, Apt. #, etc.

City & State

SEBRING, FL

City & State

SEBRING, FL

4. FEI Number

59-2900169

Applied For

Not Applicable

Zip

33872

Country

US

Zip

33872

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

HAROLD BOWLUS

Street Address (P.O. Box Number is Not Acceptable)

6432 MATANZAS DR.

City

SEBRING

FL

Zip Code

33872

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended AR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*PRESIDENT
HAROLD BOWLUS
6432 MATANZAS DR.
SEBRING, FL 33872*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*VICE PRESIDENT
RICHARD A. STUTZMAN
6436 MATANZAS DR.
SEBRING, FL 33872*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*SECRETARY
ROSEMARY BOWLUS
6432 MATANZAS DR.
SEBRING, FL 33872*

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *HAROLD BOWLUS Harold B. Bowlus* *2/16/06* *863-382-3849*