

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N23680

1. Entity Name

LOT 83, BLOCK 275, UNIT 13 HOMEOWNERS'
ASSOCIATION, INC.



FILED
Feb 02, 2007 08:00 AM
Secretary of State

Principal Place of Business

4101 SUN N LAKES BOULEVARD
SEBRING FL 33872

Mailing Address

6432 MATAMZAS DR
SEBRING FL 33872
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2900169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

BOWLUS, HAROLD
6432 MATANZAS DRIVE
SEBRING FL 33872

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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: P ☐ Delete
NAME: BOWLUS, HAROLD
STREET ADDRESS: 6432 MATANZAS DR
CITY-ST-ZIP: SEBRING FL 33872

TITLE: VP ☐ Delete
NAME: STUTZMAN, RICHARD A
STREET ADDRESS: 6436 MATANZAS DR.
CITY-ST-ZIP: SEBRING FL 33872

TITLE: S ☐ Delete
NAME: BOWLUS, ROSEMARY
STREET ADDRESS: 6432 MATANZAS DR
CITY-ST-ZIP: SEBRING FL 33872

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: U000000618969
CITY-ST-ZIP: 02/08/07-80052-013 61.25

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: *Harold B. Bowlus*

2/2/07