


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N25983</b> 1. Entity Name LODI COURT ASSOCIATION, INC.	
--	---

Principal Place of Business C/O CATHERINE D. MAYFIELD 4223 CAPITAL CIR NW. TALLAHASSEE, FL 32303	Mailing Address C/O CATHERINE D. MAYFIELD 4223 CAPITAL CIR NW. TALLAHASSEE, FL 32303
---	---



01082004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-6201905	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MAYFIELD, CATHERINE D 4223 CAPITAL CIRCLE NW TALLAHASSEE, FL 32303
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUERINO, JAMES R. 5893 BRIGHT COURT TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAYFIELD, CATHERINE D. 4223 CAPITAL CIR N.W. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAYFIELD, EMORY 4223 CAPITAL CIR N.W. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000164680 07/08/04-80018-021 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
--

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-04

Date

Daytime Phone #