

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90101 009 ****61.25

| | | | | | |
|---|---|---|---|--|--|
| DOCUMENT # N26191 1. Entity Name LOT 11, BLOCK 278, UNIT 13, HOMEOWNERS' ASSOCIATION, INC. | | | | | |
| Principal Place of Business 5629 GRANADA BLVD. SEBRING, FL 33872 | | | | Mailing Address 5629 GRANADA BLVD. SEBRING, FL 33872 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 59-2920853 | | | | 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 PREDDIE, CISLYN P 5627 GRANADA BLVD 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$81.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | ST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | PREDDIE, CISLYN P | | NAME | | |
| STREET ADDRESS | 5627 GRANADA BLVD. | | STREET ADDRESS | | |
| CITY - ST - ZIP | SEBRING, FL 33872 | | CITY - ST - ZIP | | |
| TITLE | V | <input checked="" type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | HAGEMAN, ROBERT <i>Sold residence to New Owners</i> | | NAME | V (Vice President) Vasquez, Carmen | |
| STREET ADDRESS | 5629 GRANADA BLVD. | | STREET ADDRESS | 5629 Granada Blvd. | |
| CITY - ST - ZIP | SEBRING, FL | | CITY - ST - ZIP | Sebring, FL 33872 | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | SMITH, CHARLES R | | NAME | | |
| STREET ADDRESS | 5625 GRANADA BLVD | | STREET ADDRESS | | |
| CITY - ST - ZIP | SEBRING, FL 33872 | | CITY - ST - ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| 12. I hereby certify that the information supplied 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 required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Cislyn P. Preddie</i> | | | 4-17-06 (863) 471-0897 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |