

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90046 048 ****61.25

DOCUMENT # N26425

1. Entity Name

LOT 32, BLOCK 281; UNIT 13 HOMEOWNERS'
ASSOCIATION, INC.



Principal Place of Business

5511 MANTANZAS DR.
SEBRING FL 33872

Mailing Address

% B. ELMORE
3107 MENZA DRIVE
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

59-2927840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELMORE, B.
3107 MENZA DRIVE
SEBRING FL 33872

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Delete
NAME MS MONSERRATIS, PIERSON
STREET ADDRESS 1048 W 3RD ST BOC #3
CITY-ST-ZIP ROGERS CITY MI 48770

TITLE ☒ Change ☐ Addition
NAME CHARLES WELLS
STREET ADDRESS 5507 MANTANZAS DR
CITY-ST-ZIP SEBRING FL 33872

TITLE DS ☐ Delete
NAME GUARASCIO, MARIA
STREET ADDRESS 61 CAMEO ST.
CITY-ST-ZIP TORONTO, CANADA M6N -2K4

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

TITLE PD ☐ Delete
NAME HOPKINS, EARLE
STREET ADDRESS 5511 MATANZAS DR.
CITY-ST-ZIP SEBRING FL 33872

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: Earle Hopkins EARLE HOPKINS

JAN 25, 2005 863-471-2916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #