


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90272 023 ****61.25

DOCUMENT # N31662			
1. Entity Name LAKE SUZY PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 12879 SW KINGS ROW LAKE SUZY FL 34269 US		Mailing Address 12879 SW KINGS ROW LAKE SUZY FL 34269 US	
2. Principal Place of Business 11600 SW Dallas Dr, N Suite, Apt. #, etc. Lake Suzy, FL City & State		3. Mailing Address 11600 SW Dallas Dr, N Suite, Apt. #, etc. Lake Suzy, FL City & State	
Zip 34269		Country US	
Zip 34269		Country US	
6. Name and Address of Current Registered Agent BUNTEMAYER, JOHN, H 12879 SW KINGS ROW LAKE SUZY FL 34269		7. Name and Address of New Registered Agent Name Joanna Drinkwater Street Address (P.O. Box Number is Not Acceptable) 11600 SW Dallas Dr, N City Lake Suzy FL Zip Code 34269	
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 <i>Joanna K. Drinkwater</i> <i>Joanna K. Drinkwater</i> 4/14/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	VD MEYER, MARIA 12534 SW SHERI AVENUE LAKE SUZY FL 34269 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joanna Drinkwater 11600 SW Dallas Dr, N Lake Suzy, FL 34269 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIHALIK, JOHN 12667 S.W. SUZY AVE. LAKE SUZY FL 34269 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PD DANIEL, PRISCILLA 12655 SW SUZY AVE LAKE SUZY FL 34269 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Judith Thompson 12961 SW Kings Row Lake Suzy, FL 34269 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD URBANEK, JANICE 12932 SW DAVID DRIVE LAKE SUZY FL 34269 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Rudley Anthony 11600 SW Courtly Manor Lake Suzy, FL 34269 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUNTEMAYER, JOHN H 12879 SW KINGS ROW LAKE SUZY FL 34269 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Joanna K. Drinkwater</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Joanna Drinkwater</i> 4/14/04 941-766-9498	
		Date Daytime Phone #	