2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N37321 03-30-2005 90047 044 ****61.25 APPÁLOOSA ESTATES HOMEOWNERS ASSOCIATION. Principal Place of Business Mailing Address 6519 NAVAJO TRAIL' **6519 NAVAJO TRAIL** JUUJ6477 LAKELAND, FL 33813 LAKELAND, FL 33813 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-3110776 City & State City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHRITTON, CHARLES P 5300 S. FLORIDA AVE. Street Address (P.O. Box Number is Not Acceptable) LAKELAND, FL 33813 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) 9. Election Campaign Financing Make check payable to Florida Department of State Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GIGOWSKI, DAVID NAME STREET ADDRESS 6519 NAVAJO TRAIL STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP 5 Christy Freeborn TITLE ☐ Delete Addition □ Change GIGOWSKI, BERNIFA NAME NAME 6522 Navgo Tr. 6519 NAVAJO TRAIL STREET ADDRESS STREET ADDRESS LAKELAND, FL 33813 Lakeland Fi 33 813 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition Shellay Hill 6535 Navajo Tr. THURSTON, BECKY NAME 6530 NAVAJO TRAIL LAKELAND, FL 33813 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ekelend VD Delete TITLE Addition ☐ Change Člay Freeborn 6522 Navajo Tr. SIEGEL, SAUL NAME NAME 6538 NAVAJO TRAIL STREET ADDRESS STREET ADDRESS LAKELAND, FL 33813 CITY-ST-7IP CITY-ST-ZIP TITLE TITLE Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. ्रक्षाकृत्य कुष्टिकेटर <mark>□ Change रूप </mark> □ Addition The state of the s Delete TITLE 医线线设计 医电影 医二次节 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 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.

Pres

NG OFFICER OR DIRECTOR

FILED

Mar 30, 2005 8:00 am