2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State
03-01-2004 90045 035 ****61.25

DOCUMENT # N37607

1. Entity Name
LAKE DAMON VILLAS OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
311 W. PEABODY CIRCLE AVON PARK, FL 33825 US	311 W. PEABODY CIRCLE AVON PARK, FL 33825 US

02192004 Chg-NP CR2E037 (10/03)

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
59-3015109
☐ 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
ROWE, JEANETTE 311 PEABODY CIRCLE AVON PARK, FL 33825	Name: Therrien, Linda Street Address (P.O. Box Number is Not Acceptable): 311 W. Peabody Cir. City: Avon Park FL Zip Code: 33825

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: Linda Therrien Linda Therrien 2-23-04
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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WALLACE, JERRY	NAME	
STREET ADDRESS	304 PEABODY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	AVON PARK, FL 33825	CITY-ST-ZIP	
TITLE	DST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	THERRIEN, LINDA	NAME	
STREET ADDRESS	311 PEABODY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	AVON PARK, FL 33825	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WITZKE, DOROTHY	NAME	
STREET ADDRESS	314 PEABODY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	AVON PARK, FL 33825	CITY-ST-ZIP	
TITLE	DVP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROWE, JEANETTE	NAME	
STREET ADDRESS	316 PEABODY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	AVON PARK, FL 33825	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WALLACE, BETTY	NAME	
STREET ADDRESS	304 PEABODY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	AVON PARK, FL 33825	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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.

SIGNATURE: Linda Therrien LINDA THERRIEN 2-23-04 863 453-8392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #