


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N40718</b>	
1. Entity Name <b>HOME OWNERS ASSOCIATION OF LA FLORESTA, INC.</b>	

Principal Place of Business <b>503 SAVONA COURT ALTAMONTE SPRINGS, FL 32701 US</b>	Mailing Address <b>503 SAVONA COURT ALTAMONTE SPRINGS, FL 32701 US</b>
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02222005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1634571</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>BERT W WEBB 503 SAVONA COURT ALTAMONTE, FL 32701</b>
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD MOBLEY, SKIP 507 BIANCA COURT ALTAMONTE SPRINGS, FL 32701</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD FACKELMAN, JOHN 503 SAVONA CT. ALTAMONTE SPRINGS, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD ROCHFORD, JEFF 510 BIANCA COURT ALTAMONTE SPRINGS, FL 32701</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD CALBRESE, GUY 517 TIVOLI COURT ALTAMONTE SPRINGS, FL 32701</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/11/05-80036-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Skip Mobley* *SKIP MOBLEY* *3-9-05* *(407) 834-2280*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #