

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90179 015 ****61.25

DOCUMENT # N43877 1. Entity Name LINDSEY LANES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4865 48TH AV VERO BEACH, FL 32967 US			Mailing Address 4865 48TH AV VERO BEACH, FL 32967 US		
2. Principal Place of Business 4820 48th AVE Suite, Apt. #, etc.		3. Mailing Address 4820 48th AVE Suite, Apt. #, etc.			
City & State VERO BEACH, FL. Zip 32967 Country USA		City & State VERO BEACH, FL. Zip 32967 Country USA		4. FEI Number 65-0364465	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MCKINNON, CHARLES W 3405 OCEAN DRIVE VERO BEACH, FL 32963			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	D SCHMALENBERGER, ROBERT 4830 49TH AVE VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORREST SMALLEY 4820 48th AVE VERO BEACH FL 32967	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRESPO, BARB 5045 47TH PLACE VERO BEACH, FL 32967	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT DEMONTIGNEY 4800 47th COURT VERO BEACH FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD NEHLER, DAN 4830 50TH DR. VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROY ATKINSON 4810 48th AVE VERO BEACH FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNYDER, ROBERT 4865 48TH AVENUE VERO BCh, FL 32967	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM WOODY 4825 48th AVE VERO BEACH FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMALLEY, ROBERT 4820 48TH AVE VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT SNYDER 4865 48th AVE VERO BEACH FL 32967	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANDLER, WILLIAM 5670 CORPORATE WAY WEST PALM BEACH, FL 33407	<input checked="" 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>Forrest Smalley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/26/2005 561 722 3368 <small>Date Daytime Phone #</small>		