

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N44228

1. Entity Name
LOMA VISTA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**5451 LOMA VISTA LOOP
DAVENPORT, FL 33896 US**

Mailing Address
**5451 LOMA VISTA LOOP
DAVENPORT, FL 33896 US**



03302006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3079141

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**GARKOWSKI, BERNADETTE
5451 LOMA VISTA LOOP
DAVENPORT, FL 33896**

**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 _____
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, 2006**

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
**P
MENDOZA, LUIS
6520 HAMLIN CLOSE ROAD
DAVENPORT, FL 33896**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BEACH, JUDY
5411 LOMA VISTA LOOP
DAVENPORT, FL 33896**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HEEKIN, JOHN
5474 LOMA VISTA LOOP
DAVENPORT, FL 33896**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SANDS, RALPH
5417 LOMA VISTA DR E.
DAVENPORT, FL 33896**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GARKOWSKI, BERNADETTE
5451 LOMA VISTA LOOP
DAVENPORT, FL 33896**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000497350
04/22/06-80049-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Bernadette Garkowski* **BERNADETTE GARKOWSKI** 4.4.06 863 4207005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #