


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # N50760 1. Entity Name DELEON MANORS HOMEOWNERS' ASSOCIATION, INC.							
Principal Place of Business 7136 A1A SOUTH ST. AUGUSTINE FL 32085 US		Mailing Address 464 PARK BLVD. STRATFORD CT 06615					
2. Principal Place of Business Suite, Apt #, etc		3. Mailing Address Suite, Apt #, etc.					
City & State		City & State		4. FEI Number 59-3168521 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PEPE, FRANK W. 7136 A1A SOUTH ST. AUGUSTINE FL 32085				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 <i>Frank W. Pepe</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<i>PEPESIDENT</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<i>3/2/05</i> <small>DATE</small>			
FILE NOW: 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	PD PEPE, FRANK W. J 7136 A1A SOUTH ST. AUGUSTINE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000255838 03/08/05-80031-011 70.00			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD PEPE, SOPHIE K 464 PARK BLVD. STRATFORD CT	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD PEPE, EDWARD C 2315 BATTLE ROW RD. HYDE PARK VT 05655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	- - -	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	- - -	<input 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>Frank W. Pepe</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>PEPESIDENT</i> <small>DATE</small>		<i>3/2/05</i> <small>Daytime Phone #</small>			
904-471-8239							



1st MOORE CR2E037 (10/04)