

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50800

FILED  
Jul 12, 2005  
Secretary of State

**Entity Name:** SERVOS COMMERCIAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 192  
HOMOSASSA SPRINGS, FL 34447

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 192  
HOMOSASSA SPRINGS, FL 34447

**New Mailing Address:**

**FEI Number:** 59-2917583      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HADSELL, LEANNE  
13 DOGWOOD DRIVE  
HOMOSASSA, FL 34446      US

**Name and Address of New Registered Agent:**

HASTINGS, NORAH  
7 PINWOOD GREEN  
HOMOSASSA, FL 34446      US

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.

SIGNATURE: NORAH HASTINGS

07/12/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: SCIGLIA, KEVIN  
Address: 6300 S TEX POINT  
City-St-Zip: HOMOSASSA, FL 34448

Title: TD      ( ) Delete  
Name: LANE, ROBERT  
Address: 200 TOMPKINS STREET  
City-St-Zip: INVERNESS, FL 34450

Title: SD      ( ) Delete  
Name: HASTINGS, STEVE  
Address: 7 PINWOOD GREEN  
City-St-Zip: HOMOSASSA, FL 34446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S      (X) Change ( ) Addition  
Name: SCIGLIA, KEVIN  
Address: 6270 PIEDMONT  
City-St-Zip: SPRING HILL, FL 34606

Title: P      (X) Change ( ) Addition  
Name: HASTINGS, NORA  
Address: 7 PINWOOD DRIVE  
City-St-Zip: HOMOSASSA, FL 34446

Title: V      (X) Change ( ) Addition  
Name: DAVIS, MARGARET E  
Address: 6950 W MACOPIN LANE  
City-St-Zip: CRYSTAL RIVER, FL 34429

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORAH HASTINGS

P

07/12/2005

Electronic Signature of Signing Officer or Director

Date