

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

**FILED**

**Jan 11, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # N92000000453**

1. Entity Name  
**NO. 1768 FRATERNAL HOME ASSOCIATION OF SAN  
ANTONIO, FLORIDA, INC.**



Principal Place of Business  
**11549 CURLEY RD  
SAN ANTONIO, FL 33576 US**

Mailing Address  
**P.O. BOX 255  
SAN ANTONIO, FL 33576 US**



01072006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3178638**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NEWLON, JOSEPH A  
12146 CURLEY ST  
SAN ANTONIO, FL 33576**

**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	VD
NAME	SCHAMBEAU, JERRY
STREET ADDRESS	PO BOX 207 (13146 JUBILEE RD)
CITY-ST-ZIP	SAN ANTONIO, FL
TITLE	PD
NAME	SESSA, SAM
STREET ADDRESS	P.O. BOX 407 (12051 CURLEY ST)
CITY-ST-ZIP	SAN ANTONIO, FL
TITLE	SD
NAME	BARTHLE, RANDY
STREET ADDRESS	26345 BAYHEAD ROAD
CITY-ST-ZIP	DADE CITY, FL
TITLE	D
NAME	BARTHLE, MARK
STREET ADDRESS	17899 BELLAMY BROTHERS BLVD
CITY-ST-ZIP	DADE CITY, FL
TITLE	D
NAME	ARSENAULT, GENE
STREET ADDRESS	5825 WINDTREE DRIVE
CITY-ST-ZIP	ZEPHYRHILLS, FL
TITLE	TD
NAME	SCHAMBEAU, JOSEPH
STREET ADDRESS	35324 BLANTON ROAD
CITY-ST-ZIP	DADE CITY, FL 33523

000000382473  
01/12/06-80013-003 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:**

*Joseph B. Schambeau* **Joseph B. Schambeau**

**1-7-06**

**352-518-9297**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #