## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 28, 2005 8:00 am Secretary of State

03-28-2005 90071 037 \*\*\*\*61.25

## **DOCUMENT # N93000002509**



Substitute   Sub		REEK GOLF & TENN HOMEOWNERS AS											
Sulfe, Apt. 6, etc.  City & State  Country  A. FEI Number 59-32/76857  S. Certificate of Status Desired Country New Applicables  Real Applied For New Applicables  See Applicable  Part Applied For New Applicables  A. FEI Number 59-32/76857  S. Certificate of Status Desired Country  Real Applied For New Applicables  Part Applied For New Applicables  Applied For New Applicables  Name  Street Address (F.C. Box Number is Not Acceptable)  City  FL Zip Code  The above named entity submiss this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Portids. I am flored awith, and accept the obligations of registered agent, or both, in the State of Portids. I am flored awith, and accept the obligations of registered agent, or both, in the State of Portids. I am flored awith, and accept the obligations of registered agent, or both, in the State of Portids. I am flored awith, and accept the obligations of registered agent, or both, in the State of Portids. I am flored awith, and accept the obligations of registered agent, or both, in the State of Portids. I am flored awith, and accept the obligations of registered agent, or both, in the State of Portids. I am flored awith, and accept the obligations of registered agent, or both, in the State of Portids. I am flored awith, and accept the obligations of registered agent, or both, in the State of Portids. I am flored awith awith, and accept the obligations of registered agent, or both, in the State of Portids. I am flored awith awith, and accept the obligations of registered agent, or both, in the State of Portids. I am flored agent, or both, in the State of Portids. I am flored agent, or both, in the State of Portids. I am flored agent, or both, in the State of Portids. I am flored agent, or both, in the State of Portids. I am flored agent, or both, in the S	616 ARNOLD	PALMER DR.	616 EAGL	ARNOLD PALMER .ES VIEW		;							
City & State  Country  City  FL  Zip Code	2. Principal P	face of Business	3. Mai	ling Address									
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S. Certificate of Status Desired   Fee Required	City & State	e	Cit	ty & State								<del></del>	<del></del>
Name	<i>Z</i> ip	Country	Zip	)	Cou	intry					<u>.                                    </u>	Fee Requi	
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		6. Name and Address of	Current Registere	d Agent				7. Name and	Address of I	lew Regi	stered #	Agent	
Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code  City   FL   Zi	KADRATS	CH IIM				Name							
B. The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, hydro or printed name of registered agent and title if applicable.   (NOTE Registered Agent agenture required when rematating)   DATE     Filling Fee is \$61.25   Due by May 1, 2005   9. Election Campaign Financing   Trust Fund Contribution.   S.5.00 May Be   Addition Department of State   Phonds Department of S	721 ARNO	LD PALMER DR				Street Add	dress (F	P.O. Box Numbe	er is Not Acce	ptable)			
SIGNATURE   Signature, hoped or printed name of regulatered agent, and other it applications. (NOTE: Regulatered Agent appealants required when remailatory)   DATE						City	<u> </u>	· · · · · · · · · · · · · · · · · · ·			FL	Zip Co	ode
Filling Fee is \$81.25   9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees   Make check payrable to Florida Department of State			tement for the purp	ose of changing its	registere	ed office or re	egistere	ed agent, or bo	th, in the State	of Florida	a. lami	familiar wit	h, and accept
Filling Fee is \$61.25   Due by May 1, 2005   Prust Fund Contribution.   S5.00 May Be Added to Fees   Riorida Department of State	SIGNATURE .			<u>.</u>	, ,	·							<del></del>
Due by May 1, 2005   Trust Fund Contribution.   Added to Fees   Floridal Department of State		Signature, typed or printed name of regi	stared agent and title it ago	olicable. (NOT)	E: Registere	d Agent signature	e required	when reinstating)			DATE		
TITLE NAME ODCKHAM, LOIS SIRET ADDRESS OTY-ST-ZIP  TITLE NAME STREET ADDRESS OTY-ST-ZIP  TITLE SD DAVENPORT, FL 33837  TITLE STREET ADDRESS OTY-ST-ZIP  TO DAVENPORT, FL 33837  TITLE NAME STREET ADDRESS OTY-ST-ZIP  TO DAVENPORT, FL 33837  TITLE NAME STREET ADDRESS OTY-ST-ZIP  DAVENPORT, FL 33837  TITLE NAME STREET ADDRESS OTY-ST-ZIP  DAVENPORT, FL 33837  TITLE NAME STREET ADDRESS OTY-ST-ZIP  DAVENPORT, FL 33837  DAVENPORT, FL 33837  TITLE NAME STREET ADDRESS OTY-ST-ZIP  DAVENPORT, FL 33837  TITLE NAME STREET ADDRESS OTY-ST-ZIP  DAVENPORT, FL 33837  DAVENPORT, FL 33837  TITLE NAME STREET ADDRESS OTY-ST-ZIP  TO Change Addition NAME STREET ADDRESS OTY-ST-ZIP  TITLE NAME STREET ADDRESS OTY-ST-ZIP  TO CHANGE STREET ADDRES			stared agent and title it app	<del>.</del>	-				se J	- Make		( payable	to .
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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: RUBY I LAVERTY SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OF DEPT.

3-21-2005 863424.0