


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

|  |   |  |   |
|--|---|--|---|
| <b>DOCUMENT # N93000003877</b>   |   |   |   |
| 1. Entity Name<br>ESTATES OF LAKE ALICE HOMEOWNERS ASSOCIATION OF HILLSBOROUGH COUNTY, INC.  |   |  |   |
| Principal Place of Business<br>17906 SPENCER RD<br>ODESSA FL 33556<br>US   |   | Mailing Address<br>17906 SPENCER RD<br>ODESSA FL 33556<br>US   |   |
| 2. Principal Place of Business<br><i>Estates of Lake Alice</i><br>Suite, Apt. #, <i>Homeowners Assoc.</i>  |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |
| City & State   |   | City & State   |   |
| Zip  | Country   | Zip  | Country   |
| 6. Name and Address of Current Registered Agent<br><br>MESSERMAN, TRISH<br>17906 SPENCER RD<br>ODESSA FL 33556   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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.<br><br>SIGNATURE <i>Trish Messerman</i> DATE <i>2/13/06</i><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> |   |  |   |
| FILE NOW: FEE IS \$61.25<br>Due By May 1, 2006   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                  |   |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>ANCHORY, MICHELLE<br>17918 SPENCER RD<br>ODESSA FL 33556 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>100000436368<br>02/27/06-80034-010 61.25 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TVPD<br>MESSERMAN, TRISH<br>17910 SPENCER RD<br>ODESSA FL 33556 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>BEEBLE, KELLIE<br>17919 SPENCER RD<br>ODESSA FL 33556 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Section 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.