

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-28-2005 90060 028 ****61.25

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| DOCUMENT # N93000004132 | | | | | |
| 1. Entity Name TUCKAWAY LAKES HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 4125 SOUTH FISKE BLVD. ROCKLEDGE, FL 32955 | | | Mailing Address 6767 N WICKHAM RD STE 213 MELBOURNE, FL 32940 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3204287 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MOORE, VAN C ADVANCED PROP MGMT 6767 N WICKHAM RD STE 213 MELBOURNE, FL 32940 | | | 7. Name and Address of New Registered Agent Name <u>ADVANCED PROP MGMT</u> Street Address (P.O. Box Number is Not Acceptable) <u>6767 N WICKHAM Rd</u> <u>Suite 213</u> City <u>MELBOURNE</u> <u>FL</u> Zip Code <u>32940</u> | | |
| 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: <u>Wickie H Martin</u> DATE: <u>2-3-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$81.25 Due by May 1, 2005 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | <input type="checkbox"/> 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 | SD SIMS, WILLIAM 1280 TUCKAWAY DRIVE ROCKLEDGE, FL 32955 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BROOKINS, Joanna 1185 Tuckaway Drive Rockledge, FL 32955 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD VEALE, LLOYD 1155 TUCKAWAY DRIVE ROCKLEDGE, FL 32955 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Lucht, Beverly 3440 Braham Avenue Rockledge, FL 32955 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FLAMMIO, DONALD 1215 TUCKAWAY DRIVE ROCKLEDGE, FL 32955 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Paladino, Donato 3440 Braham Avenue Rockledge, FL 32955 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Sieck, Bruce 3451 Braham Avenue Rockledge, FL 32955 | <input type="checkbox"/> Change <input checked="" 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 817, 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: <u>Beverly L. Lucht</u> | | | Date: <u>3-4-05</u> Daytime Phone #: <u>321-433-1866</u> | | |