

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N95000002044

1. Entity Name  
LAKE SUZY PATIO HOMES PROPERTY OWNERS'  
ASSOCIATION, INC.



Principal Place of Business  
1072 GOODLETTE RD N.  
NAPLES, FL 34102

Mailing Address  
1072 GOODLETTE RD N.  
NAPLES, FL 34102

**DO NOT WRITE IN THIS SPACE**



01212005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
65-064052

Applied For  
Not Applicable

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

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

KRAUS, CHERYL  
1072 GOODLETTE RD N.  
NAPLES, FL 34102

**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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
NORMAN, TREVA  
12962 SW DOUG DR  
LAKE SUZY, FL 34269

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
BRILLATTI, STEVE  
23893 AMALFI COAST RD.  
BONITA SPRINGS, FL 34135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
JULIAN, ANNA  
12854 SW DOUG DR.  
LAKE SUZY, FL 34269

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
THRALL, MARY  
12864 SW DOUG DR.  
LAKE SUZY, FL 34269

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000203230  
01/29/05-80022-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Treva M. Norman, V. Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-05

941-255-3547

date

Daytime Phone #