

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002044

FILED  
Apr 26, 2006  
Secretary of State

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

**Current Principal Place of Business:**

1072 GOODLETTE RD N.  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

1072 GOODLETTE RD N.  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 65-0640521

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: NORMAN, TREVA  
Address: 12962 SW DOUG DR  
City-St-Zip: LAKE SUZY, FL 34269

Title: P ( ) Delete  
Name: BRILLATTI, STEVE  
Address: 23893 AMALFI COAST RD.  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S ( ) Delete  
Name: JULIAN, ANNA  
Address: 12854 SW DOUG DR.  
City-St-Zip: LAKE SUZY, FL 34269

Title: T ( ) Delete  
Name: THRALL, MARY  
Address: 12864 SW DOUG DR.  
City-St-Zip: LAKE SUZY, FL 34269

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN

T

04/26/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date