

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

FILED
Aug 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000004768

1. Entity Name
FRESHWATER LAKES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
1127 FRESHWATER LAKES DR.
WEST PALM BEACH, FL 33401

Mailing Address
1127 FRESHWATER LAKES DR.
WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE



05012005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1129693

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GREENLEE, HORACE
1127 FRESHWATER LAKES DR.
WEST PALM BEACH, FL 33401

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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 September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000377463
08/31/05-80003-006 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GREENLEE, HORACE
STREET ADDRESS 1127 FRESHWATER LAKES DRIVE
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE TD
NAME FULTON, STEPHANIE
STREET ADDRESS 1143 FRESHWATER LAKES DRIVE
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE STD
NAME VASQUEZ, TARA
STREET ADDRESS 1151 FRESHWATER LAKES DR
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/02/05

Daytime Phone #