

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000002523

1. Entity Name
**OLD TOWN GARDEN VILLAS HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business

**921 CENTER STREET
KEY WEST, FL 33040**

Mailing Address

**87 SUMMER STREET
HINGHAM, MA 02043**



07092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEJ Number **65-0238291** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STEELANDT, NAOMI V
915 CENTER ST
KEY WEST, FL 33040**

**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 *James M. McManus*
Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

8/20/04
DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CARTER, RICHARD
STREET ADDRESS 725 NEWPORT PL
CITY-ST-ZIP ANN ARBOR, MI 48103

TITLE TD
NAME MCMANUS, JAMES
STREET ADDRESS 87 SUMMER STR
CITY-ST-ZIP HINGHAM, MA 02043

TITLE VD
NAME ADELL, RAY
STREET ADDRESS 16 LONGACRE DR
CITY-ST-ZIP HUNTINGTON, NY 11743

TITLE D
NAME POORE, RITA
STREET ADDRESS 6203 GENTILE LN
CITY-ST-ZIP ALEXANDRIA, VA 22310

TITLE D
NAME STEELANDT, NAOMI V
STREET ADDRESS 915 CENTER ST
CITY-ST-ZIP KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000170845
08/25/04-80002-015 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 19.07(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: *James M. McManus* **Treasurer** *8/21/04* **305-240-1130**
Signature and typed or printed name of signing officer or director Date Daytime Phone #