


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90249 028 ****61.25

DOCUMENT # N96000004693

1. Entity Name
HOMEOWNERS OF LAS VERDES, INC.



Principal Place of Business
**1406 LAS VERDES CT
 TITUSVILLE, FL 32780 US**

Mailing Address
**P.O. BOX 1354
 TITUSVILLE, FL 32780 US**

94072573



2. Principal Place of Business
3706 SAWGRASS

3. Mailing Address
PO Box 1354

Suite, Apt. #, etc.

03172004 Chg-NP CR2E037 (10/03)

City & State
TITUSVILLE, FL

City & State
TITUSVILLE, FL

Zip
32780

Country
USA

Zip
32781

Country

4. FEI Number
80-0026552

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHEIDT, ROGER A
 1406 LAS VERDES CT
 TITUSVILLE, FL 32780**

7. Name and Address of New Registered Agent

Name **JONES, BETTY**

Street Address (P.O. Box Number is Not Acceptable)
3706 SAWGRASS DR.

City **TITUSVILLE** FL Zip Code **32780**

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 **Betty Jones Graham Betty Jones Graham** **4-26-04**

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, 2004**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME P SCHEIDT, ROGER	STREET ADDRESS 1406 LAS VERDES CT	CITY-ST-ZIP TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete
TITLE NAME V SWITZER, LORI	STREET ADDRESS 3698 SAWGRASS DR	CITY-ST-ZIP TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete
TITLE NAME D TETRICK, JANE V	STREET ADDRESS 3664 SAWGRASS DR.	CITY-ST-ZIP TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete
TITLE NAME D TETRICK, JANE V	STREET ADDRESS 3664 SAWGRASS DR	CITY-ST-ZIP TITUSVILLE, FL 32780	<input type="checkbox"/> Delete
TITLE NAME D RENA, HOUSTON	STREET ADDRESS 1396 LAS VERDES CT	CITY-ST-ZIP TITUSVILLE, FL 32780	<input type="checkbox"/> Delete
TITLE NAME S SWITZER, LORI	STREET ADDRESS 3698 SAWGRASS DR	CITY-ST-ZIP TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME P JONES, BETTY	STREET ADDRESS 3706 SAWGRASS DR.	CITY-ST-ZIP TITUSVILLE, FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME V STYERS, GEORGETTE	STREET ADDRESS 3702 SAWGRASS DR.	CITY-ST-ZIP TITUSVILLE, FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D HARVEY, YVONNE	STREET ADDRESS 1404 LAS VERDES CT.	CITY-ST-ZIP TITUSVILLE, FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME S NELSON, JAMES	STREET ADDRESS 1396 LAS VERDES CT	CITY-ST-ZIP TITUSVILLE, FL 32780	<input type="checkbox"/> Change <input checked="" 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 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 D. Nelson** SECRETARY **JAMES D. NELSON** **4/26/2004** **321-867-0032**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #