


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000005713	
1. Entity Name LAKE THOMAS WOODS PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business 525 POPE AVENUE, N.W. WINTER HAVEN, FL 33881	Mailing Address 525 POPE AVENUE, N.W. WINTER HAVEN, FL 33881
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01142005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-3411288	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TAYLOR, PAULA J 525 POPE AVENUE N.W. WINTER HAVEN, FL 33881

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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HART, JOHNNY O 4408 BURLINGTON DR WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, ROBERT T 4407 BURLINGTON DR. WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAYLOR, PAULA J 4337 THOMAS WOOD LN, E WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOURDETTE, KATHY 4417 BURLINGTON DR. WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, MELANIE 4346 THOMAS WOOD LN. E. WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOHMAN, DAVID 4232 THOMAS WOOD LN WINTER HAVEN, FL 33880

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01/21/05-80043-019 61.25

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: *Paula J. Taylor* **Paula J. Taylor** 1/17/05 863-299-563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #