

**FILED**  
**May 21, 2004 8:00 am**  
**Secretary of State**

05-21-2004 90006 017 \*\*\*\*61.25

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N96000005737

1. Entity Name  
LYCHEE LANE ASSOCIATION, INC.



Principal Place of Business  
2119 LYCHEE LANE  
NOKOMIS, FL 34275-3433 US

Mailing Address  
2119 LYCHEE LANE  
NOKOMIS, FL 34275-3433

54055223



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05112004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
65-0706755

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURTIS, ANN L  
2119 LYCHEE LANE  
NOKOMIS, FL 34275-3433

Name

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

City

FL

Zip Code

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 8, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete  
NAME FERBER, LEON DR  
STREET ADDRESS 2111 LYCHEE LN  
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE D ☐ Change ☒ Addition  
NAME Miller, Lee  
STREET ADDRESS 2111 Lychee Lane  
CITY-ST-ZIP Nokomis, FL 34275

TITLE PVST ☐ Delete  
NAME CURTIS, ANN L  
STREET ADDRESS 2119 LYCHEE LANE  
CITY-ST-ZIP NOKOMIS, FL 342753433

TITLE D/PST ☒ Change ☐ Addition  
NAME Curtis, Ann L.  
STREET ADDRESS 2119 Lychee Lane  
CITY-ST-ZIP Nokomis, FL 34275

TITLE D ☐ Delete  
NAME PACIFICO, DANIEL  
STREET ADDRESS 2115 LYCHEE LANE  
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FRANCIS, JOHN  
STREET ADDRESS 2107 LYCHEE LANE  
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE D ☒ Change ☐ Addition  
NAME Francis, Jack  
STREET ADDRESS 2107 Lychee Lane  
CITY-ST-ZIP Nokomis, FL 34275

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Rastrelli, Massimo  
STREET ADDRESS 2136 Gulf Gate Drive, Suite 6  
CITY-ST-ZIP Sarasota, FL 34231

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*Ann L. Curtis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/19/04

Daytime Phone #