

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000006622			
1. Entity Name MEMORY LANE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 2101 COLEWOOD LANE DOVER FL 33527		Mailing Address 2101 COLEWOOD LANE DOVER FL 33527	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent NAPOLEON, AVA 2101 COLEWOOD LANE DOVER FL 33527		7. Name and Address of New Registered Agent 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 re-electing) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 NAME STREET ADDRESS CITY - ST - ZIP	D VOGT, LEANNE 2203 COLEWOOD LANE DOVER FL 33527	☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NAPOLEON, AVA 2101 COLEWOOD LANE DOVER FL 33527	☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHAPMAN, STEVE 2205 COLEWOOD LANE DOVER FL 33527	☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PASKERT, DAVID 2201 COLEWOOD LANE DOVER FL 33527	☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PREAST, DAVID 2204 COLEWOOD LANE DOVER FL 33527	☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Add



1st MOORE CR2E037 (10/05)

4. FEI Number NO-T APPLICABLE ☐ **Applied For**
Not Applicable

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

U00000423385
02/18/06-80006-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Ava Napoleon* *Ava Napoleon* 2/11/06