

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90052 003 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                                                                            |                                                                                                                                                                                            |                                                                    |                                                                              |
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| <b>DOCUMENT # N97000000343</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                                                                            |                                                                                                                                                                                            |                                                                    |                                                                              |
| <b>1. Entity Name</b><br>ALDEN PINES HOME OWNERS ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    |                                                                                            |                                                                                                                                                                                            |                                                                    |                                                                              |
| <b>Principal Place of Business</b><br>5400 PINE ISLAND ROAD<br>SUITE D<br>BOKEELIA, FL 33922                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |                                                                                            | <b>Mailing Address</b><br>5400 PINE ISLAND ROAD<br>SUITE D<br>BOKEELIA, FL 33922                                                                                                           |                                                                    |                                                                              |
| <b>2. Principal Place of Business</b><br>PO BOX 244                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    | <b>3. Mailing Address</b><br>PO BOX 244                                                    |                                                                                                                                                                                            | Suite, Apt. #, etc.                                                |                                                                              |
| City & State<br>BOKEELIA FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    | City & State<br>BOKEELIA FL                                                                |                                                                                                                                                                                            | <b>4. FEI Number</b><br>65-0655358                                 |                                                                              |
| Zip<br>33922                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    | Country<br>US                                                                              |                                                                                                                                                                                            | Applied For<br>Not Applicable                                      |                                                                              |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                                                                            |                                                                                                                                                                                            | <b>\$8.75 Additional Fee Required</b>                              |                                                                              |
| <b>6. Name and Address of Current Registered Agent</b><br><br>WAGGONER, PAUL H<br>5400 PINE ISLAND ROAD<br>SUITE D<br>BOKEELIA, FL 33922                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |                                                                                            | <b>7. Name and Address of New Registered Agent</b><br>Name: LUKASEK, DAVID<br>Street Address (P.O. Box Number is Not Acceptable): 7637 GRANDE PINE RD<br>City: BOKEELIA FL Zip Code: 33922 |                                                                    |                                                                              |
| <b>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.</b><br><br>SIGNATURE: <u>David J Lukasek</u> DAVID J LUKASEK 3/25/05<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reelecting)</small>                                                                                                                                                                                        |                                                                    |                                                                                            |                                                                                                                                                                                            |                                                                    |                                                                              |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                            | <b>\$5.00 May Be Added to Fees</b>                                 |                                                                              |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                                                                            |                                                                                                                                                                                            |                                                                    |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                               |                                                                    |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>WERNER, DAVE<br>14043 BOKEELIA RD<br>BOKEELIA, FL 33922       | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                             | P<br>WERNER, DAVE<br>14043 BOKEELIA RD<br>BOKEELIA FL 33922        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>STOBER, ANNA<br>7463 GRAND PINE ROAD<br>BOKEELIA, FL 33922    | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                             | D<br>STOBER, ANNA<br>7463 GRAND PINE RD.<br>BOKEELIA FL 33922      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>CABLE, CATHERINE<br>14075 BOKEELIA ROAD<br>BOKEELIA, FL 33922 | <input checked="" type="checkbox"/> Delete                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                             | D<br>AINSWORTH, JOSEPH<br>14171 BOKEELIA ROAD<br>BOKEELIA FL 33922 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>GENTRY, DICK<br>P.O. BOX 612<br>BOKEELIA, FL 33922            | <input checked="" type="checkbox"/> Delete                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                             | D<br>LUKASEK, DAVID<br>7637 GRANDE PINE RD.<br>BOKEELIA FL 33922   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>COX, KENNETH<br>7660 GRANDE PINE RD<br>BOKEELIA, FL 33922     | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                             | D<br>STOBER, ANNA<br>7463 GRAND PINE RD.<br>BOKEELIA FL 33922      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | P<br>STOBER, ANNA<br>7463 GRANDE PINE RD.<br>BOKEELIA, FL 33922    | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                             | D<br>STOBER, ANNA<br>7463 GRAND PINE RD.<br>BOKEELIA FL 33922      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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.</b> |                                                                    |                                                                                            |                                                                                                                                                                                            |                                                                    |                                                                              |
| SIGNATURE: <u>David J Lukasek</u> DAVID J LUKASEK 3/25/05 239 282 1467<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                                                                            |                                                                                                                                                                                            |                                                                    |                                                                              |