

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90008 032 \*\*\*\*61.25

**DOCUMENT # N97000001075**  
1. Entity Name  
**HOMEOWNERS ASSOCIATION OF ARCADIA VILLAGE  
COUNTRY CLUB, INC.**



Principal Place of Business      Mailing Address  
2692 NE HWY 70      2692 NE HWY 70  
LOT 441      LOT 441  
ARCADIA FL 34266      ARCADIA FL 34266  
US      US

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**LOT 18**      **LOT 18**  
City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-3435745**      Not Applicable

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



MOORE      CR2E037 (11/03)

**6. Name and Address of Current Registered Agent**  
**LINDSAY, MIKE**  
**2692 NE HWY 70**  
**LOT 56**  
**ARCADIA FL 34266**

**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 Mike Lindsay, Pres.      DATE 03-19-2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: 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	D	<input checked="" type="checkbox"/> Delete
NAME	HOIKALA, MARY	
STREET ADDRESS	2692 NE HWY 70 LOT #46	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	1VP	<input checked="" type="checkbox"/> Delete
NAME	SWITZER, ROBERT	
STREET ADDRESS	2692 NE HWY 70 LOT #118	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PIERCE, FRANK	
STREET ADDRESS	2692 NE HWY 70 LOT 441	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOTLIN, SHARRY	
STREET ADDRESS	2692 NE HWY 70 LOT 510	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUECHSERSEHUSS, DON	
STREET ADDRESS	2692 NE HWY 70 LOT 557	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIDSON, TED	
STREET ADDRESS	2692 NE HWY 70, LOT 606	
CITY-ST-ZIP	ARCADIA FL 34266	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	DIRECTOR 1VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE CODER	
STREET ADDRESS	2692 NE HWY 70 LOT 35	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMA MARTIN	
STREET ADDRESS	2692 NE HWY 70 LOT 20	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	DIRECTOR TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN WARD	
STREET ADDRESS	2692 NE HWY 70 LOT 135	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	DIRECTOR 2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN UENIGT	
STREET ADDRESS	2692 NE HWY 70 LOT 447	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK SHORE	
STREET ADDRESS	2692 NE HWY 70 LOT 658	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL PERRY	
STREET ADDRESS	2692 NE HWY 70 LOT 450	
CITY-ST-ZIP	ARCADIA FL 34266	

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: Mike Lindsay      Mike Lindsay      DATE 03-19-2004      DAYTIME PHONE # (863) 494-7083  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #