

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90058 044 \*\*\*\*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 18      LOT 18  
 ARCADIA FL 34266      ARCADIA FL 34266  
 US      US

00014557



1st MOORE      CR2E037 (10/04)

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

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

Zip      Country      Zip      Country

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

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 **MCLAUCHLAN, IAN**  
 Street Address (P.O. Box Number is Not Acceptable) **2692 NE HWY 70**  
**LOT 458**  
 City **ARCADIA**      FL      Zip Code **34266**

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 Ian R McLauchlan      Ian R McLauchlan      1-29-05  
Signature, typed or printed name of registered agent and title if applicable      (NOTE Registered Agent signature required when re-registering)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	D CODER, GEORGE <input checked="" type="checkbox"/> Delete 2692 NE HWY 70 LOT 35 ARCADIA FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, NORMA <input type="checkbox"/> Delete 2692 NE HWY 70 LOT 20 ARCADIA FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WARD, JOHN <input type="checkbox"/> Delete 2692 NE HWY 70 LOT 135 ARCADIA FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D2VP VENCENT, DAN <input checked="" type="checkbox"/> Delete 2692 NE HWY 70 LOT 447 ARCADIA FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHORE, JACK <input type="checkbox"/> Delete 2692 NE HWY 70 LOT 658 ARCADIA FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, BILL <input type="checkbox"/> Delete 2692 NE HWY 70 LOT 450 ARCADIA FL 34266

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MCLAUCHLAN, IAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2692 NE HWY 70 LOT 458 ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D1VP SNYDER, DIANNE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2692 NE HWY 70 LOT 440 ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D1VP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ian R McLauchlan      Ian R McLauchlan      1-29-05      863-494-1316  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #