

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90167 019 \*\*\*\*61.25

**DOCUMENT # N97000002297**

1. Entity Name  
MORGAN'S HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
MORGAN'S MH PARK  
04059-32 PICCIOLA ROAD  
FRUITLAND PARK, FL 34731 US

Mailing Address  
MORGAN'S HOMEOWNERS ASSOC.  
04059-32 PICCIOLA ROAD  
FRUITLAND PARK, FL 34731 US

34053032



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04059-10 PICCIOLA ROAD

City & State

City & State  
FRUITLAND PARK, FL

03182004 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3440062

Applied For  
Not Applicable

Zip

Country

Zip

Country

34731

USA

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

PHILLIPS, MARY KAYE  
04059-32 PICCIOLA RD  
FRUITLAND PARK, FL 34731

Name  
CATHY SEE

Street Address (P.O. Box Number is Not Acceptable)  
04059-10 PICCIOLA ROAD

City FRUITLAND PARK, FL Zip Code 34731

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

*Cathy A. See*

CATHY SEE, SECRETARY

4-26-04

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME MADDOX, COVA  
STREET ADDRESS 04059-35 PICCIOLA RD  
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE PD ☐ Change ☒ Addition  
NAME CHUCK ASSINI  
STREET ADDRESS 04056-9 PICCIOLA ROAD  
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE VD ☒ Delete  
NAME FARRELL, OWEN  
STREET ADDRESS 04059-17 PICCIOLA RD  
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE VD ☐ Change ☒ Addition  
NAME DRAKE, JAMES  
STREET ADDRESS 04059-10 PICCIOLA ROAD  
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE SD ☒ Delete  
NAME PHILLIPS, MARY KAYE  
STREET ADDRESS 04059-32 PICCIOLA ROAD  
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE SD ☒ Change ☐ Addition  
NAME SEE, CATHY  
STREET ADDRESS 04059-10 PICCIOLA ROAD  
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE TD ☐ Delete  
NAME SEE, CATHY  
STREET ADDRESS 04059-10 PICCIOLA RD  
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE TD ☐ Change ☒ Addition  
NAME RUSSELL, PHYLLIS  
STREET ADDRESS 04059-7 PICCIOLA ROAD  
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Cathy A. See*

CATHY SEE, SECTY.

4-26-04

352-360-0128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #