

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-06-2004 90163 018 ****61.25

DOCUMENT # N98000000762 1. Entity Name HOMEOWNERS ASSOCIATION OF LYNN LAKE, INC.			
Principal Place of Business 8019 N HIMES AVE #500 TAMPA, FL 33614 US		Mailing Address 8019 N HIMES AVE #500 TAMPA, FL 33614 US	
2. Principal Place of Business 11054 LYNN LAKE CIRCLE		3. Mailing Address P.O. BOX 260428	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FLORIDA		City & State TAMPA, FLORIDA	
Zip 33625		Zip 33625	
Country USA		Country USA	
4. FEI Number 59-3564179		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HO, RONALD Y 8019 N HIMES AVE #500 TAMPA, FL 33614		7. Name and Address of New Registered Agent Name DAVIS, WAYNE Street Address (P.O. Box Number is Not Acceptable) 11054 LYNN LAKE CIRCLE City TAMPA, FL Zip 33625	
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  WAYNE DAVIS / SECRETARY DATE 5/3/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	PD HO, RONALD Y 8019 N HIMES AVE # 500 TAMPA, FL 33614 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIGLIULO, TOM P. 11019 LYNN LAKE CIRCLE TAMPA, FLORIDA 33625 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT HO, SAMUEL C 8019 N HIMES AVE # 500 TAMPA, FL 33614 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D HILL, RANDY 11023 LYNN LAKE CIRCLE TAMPA, FLORIDA 33625 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HO, LILLIAN F 8019 N HIMES AVE # 500 TAMPA, FL 33614 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D NEAL, IVAN D. 11067 LYNN LAKE CIRCLE TAMPA, FLORIDA 33625 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D DAVIS, WAYNE 11054 LYNN LAKE CIRCLE TAMPA, FLORIDA 33625 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURFURO, JOE P. 11020 LYNN LAKE CIRCLE TAMPA, FLORIDA 33625 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, ALEX 11069 LYNN LAKE CIRCLE TAMPA, FLORIDA 33625 <input type="checkbox"/> Change <input checked="" 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:  IVAN D. NEAL / TREASURER.		Date 5-3-04 Daytime Phone # 813-908-0765	