

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

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90030 017 ****61.25

DOCUMENT # N99000000759	
1. Entity Name LAVITA VILLAS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 538 VIA DEL ORO ALTAMONTE SPRINGS FL 32714	Mailing Address BERNICE HIGGINS 538 VIA DEL ORO ALTAMONTE SPRINGS FL 32714
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-3613843	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WALTER, SULLIVAN 523 VIA DEL ORO ALTAMONTE SPRINGS FL 32714	
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7. Name and Address of New Registered Agent	
Name VICKIE McPHERSON	
Street Address (P.O. Box Number is Not Acceptable) 532 VIA DEL ORO DRIVE	
ALTAMONTE SPRINGS, FL 32714	
City	Zip Code FL 32714

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 <i>Vickie B. McPherson</i>	DATE 3-6-04
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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TD HIGGINS, BERNICE 538 VIA DEL ORO ALTAMONTE SPRINGS FL 32714	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Delete
P SULLIVAN, WALTER 523 VIA DEL ORO ALTAMONTE SPRINGS FL 32714	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
BMD GOODWIN, HAROLD 517 VIA DEL ORO DR. ALTAMONTE SPRINGS FL 32714	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Delete
VPD OBEXER, MARTHA 533 VIA DEL ORO DRIVE ALTAMONTE SPRINGS FL 32714	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Delete
SD SIMONS, GAIL 535 VIA DEL ORO DRIVE ALTAMONTE SPRINGS FL 32714	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
PRESIDENT VICKIE McPHERSON 532 VIA DEL ORO DRIVE ALTAMONTE SPRINGS, FL 32714	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
VICE PRESIDENT LISA BRANDES 540 VIA DEL ORO DRIVE ALTAMONTE SPRINGS, FL 32714	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition
SECRETARY ESTHER MATERA 530 VIA DEL ORO DRIVE ALTAMONTE SPRINGS, FL 32714	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition
BOARD MEMBER GAIL SIMONS 535 VIA DEL ORO DRIVE ALTAMONTE SPRINGS, FL 32714	☒ Change ☐ 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.	
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SIGNATURE: <i>Vickie B. McPherson</i>	DATE: 3-6-04	DAYTIME PHONE: 407-875-0552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		