

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004 8:00 am
Secretary of State

04-28-2004 90191 045 ****61.25

DOCUMENT # N99000001887 1. Entity Name LYNAN FARMS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 35951 LYNAN FARMS DR DADE CITY, FL 33525			Mailing Address 35951 LYNAN FARMS DR DADE CITY, FL 33525		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent GINNICK, ROY 35951 LYNAN FARMS DR DADE CITY, FL 33525				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 _____ Signature typed or printed name of registered agent and title if applicable		DATE _____ (NOTE: Registered Agent signature required when reissuing)			
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 GINNICK, ROY ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	GINNICK, ROY		NAME		
STREET ADDRESS	35951 LYNAN FARMS DR		STREET ADDRESS		
CITY-ST-ZIP	DADE CITY, FL 33525		CITY-ST-ZIP		
TITLE	VPTD LEWIS, DEBORAH ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	LEWIS, DEBORAH		NAME		
STREET ADDRESS	35951 LYNAN FARMS DR		STREET ADDRESS		
CITY-ST-ZIP	DADE CITY, FL 33525		CITY-ST-ZIP		
TITLE	SD SHOOK, KELLY ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SHOOK, KELLY		NAME		
STREET ADDRESS	36031 LYNAN FARMS DR		STREET ADDRESS		
CITY-ST-ZIP	DADE CITY, FL 33525		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(l), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: 4/19/2004 813-645-1458 Daytime Phone #		