


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90080 036 ****61.25

DOCUMENT # N99000002571			
1. Entity Name DORAL VILLAGE HOMEOWNER TENANT ASSOCIATION, INC.			
Principal Place of Business 29250 US HIGHWAY 19 NORTH 481 CLEARWATER, FL 33761		Mailing Address 29250 US HIGHWAY 19 NORTH 481 CLEARWATER, FL 33761	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <i>SAME as above</i>		Suite, Apt. #, etc. <i>above</i>	
City & State		City & State	
Zip	Country <i>Armedas</i>	Zip	Country
4. FEI Number 59-3572553		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		7. Name and Address of New Registered Agent	
SCHAFFER, SUSAN 29250 US HWY 19 NORTH #481 CLEARWATER, FL 33761		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 <i>Susan K. Schaffer</i>		DATE <i>3-1-05</i>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHAFFER, SUSAN 29250 US 19N, STE 481 CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROD CADY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 29250 US 19 N #176 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOWKER, JUDY 29250 US 19N STE 298 CLEARWATER, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHARLOTTE RAHAIM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 29250 US 19 N # 316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERRY, PRISCILLA 29250 US HIGHWAY 19 NORTH, STE 1 CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CADY, ROD 29250 US HIGHWAY 19 NORTH CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ¹ Susan Schaffer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 29250 US 19 N #481 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, JEAN 29250 US HIGHWAY 19 NORTH CLEARWATER, FL 33761 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAT BURKART <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 29250 US 19 N # 233 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>Susan K. Schaffer</i>		DATE: <i>3-1-05</i> 727-789-0343	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	