

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003144

FILED  
Apr 27, 2004  
Secretary of State

**Entity Name:** HERNANDO BEACH SEASIDE VILLAS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4944 CEDARBROOK LANE  
HERNANDO BEACH, FL 34607

**New Principal Place of Business:**

**Current Mailing Address:**

4944 CEDARBROOK LANE  
HERNANDO BEACH, FL 34607

**New Mailing Address:**

**FEI Number:** 59-3267603

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEHMANN, JOHN  
4944 CEDARBROOK LANE  
HERNANDO BEACH, FL 34607 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LEHMANN, JOHN  
Address: 4944 CEDARBROOK LANE  
City-St-Zip: HERNANDO BEACH, FL 34607

Title: DST ( ) Delete  
Name: LEHMANN, CARROL  
Address: 4944 CEDARBROOK LANE  
City-St-Zip: HERNANDO BEACH, FL 34607

Title: DVP ( ) Delete  
Name: LEHMANN, JASON  
Address: 14703 SEMINOLE TRAIL  
City-St-Zip: SEMINOLE, FL 33766

Title: DVP ( ) Delete  
Name: LEHMANN, JASON  
Address: 4944 CEDARBROOK LANE  
City-St-Zip: HERNANDO BCH, FL 34607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DST (X) Change ( ) Addition  
Name: DOYLE, CARROL A  
Address: 4944 CEDARBROOK LANE  
City-St-Zip: HERNANDO BEACH, FL 34607

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W. LEHMANN

D

04/27/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date