

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000003956

1. Entity Name
LAPORTE VILLA LANDOWNERS' ASSOCIATION, INC.



Principal Place of Business
14131 LOUISE DRIVE
SOUTHPORT, FL 32409

Mailing Address
14131 LOUISE DRIVE
SOUTHPORT, FL 32409



01122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3584170

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OWENS, DIANE
14131 LOUISE DRIVE
SOUTHPORT, FL 32409

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000220134

02708/05-80051-009 61.25

10. OFFICERS AND DIRECTORS

**DO NOT WRITE
IN THIS SPACE**

TITLE PD
NAME OWENS, DIANE
STREET ADDRESS 14131 LOUISE DRIVE
CITY-ST-ZIP SOUTHPORT, FL 32409

TITLE VPD
NAME ZEDIKER, FRED
STREET ADDRESS 14141 LOUISE DRIVE
CITY-ST-ZIP SOUTHPORT, FL 32409

TITLE SD
NAME KELLEY, ROGER T
STREET ADDRESS 14207 LOUISE DRIVE
CITY-ST-ZIP SOUTHPORT, FL 32409

TITLE TD
NAME HOOD, JIMMY
STREET ADDRESS 14121 LOUISE DRIVE
CITY-ST-ZIP SOUTHPORT, FL 32409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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)(f), 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

Daytime Phone #

Diane Owens
President 2-4-05 265-8133