

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVAL
AND
FILED

05 DEC 13 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000142819

1. Entity Name
FLORIDA LIFESTYLES REAL ESTATE ASSOCIATES, INC.



Principal Place of Business
1004 US HWY 19 STE 100
HOLIDAY, FL 34691

Mailing Address
1004 US HWY 19 STE 100
HOLIDAY, FL 34691

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11302005

Chg-P

CR2E034 (10/03)

4. FEI Number
01-0822013

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEYTON, KRISTI JO
7150 SANDALWOOD DRIVE
PORT RICHEY, FL 34668

Name
James A. Wioland

Street Address (P.O. Box Number is Not Acceptable)

1004 US Hwy 19 Ste 100

City
Holiday

FL

Zip Code
34691

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 James A. Wioland

Signature, typed or printed name of registered agent and title if applicable

James A. Wioland

(NOTE: Registered Agent signature required when reinstating)

December 1, 2005

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
CHAMBERS, HERBERT B
1004 US HWY 19 STE 100
HOLIDAY, FL 34691 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
Wioland, James A.
1004 US Hwy 19 Ste 100
Holiday, FL 34691 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
100062328951
12/21/05--01037--003 **\$61.25 ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ 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 607, 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: James A. Wioland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Wioland

12/1/05 (727) 514-1495

Date

Daytime Phone #

K. Eckel DEC 14 2005