


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 JAN 15 AM 11:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 731013
1. Entity Name
THE ORMOND TERRACE ANNEX HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **263 GREENWOOD AVE ORMOND BEACH, FL 32174**
Mailing Address: **263 GREENWOOD AVE ORMOND BEACH, FL 32174**

DO NOT WRITE IN THIS SPACE



01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number: **59-1826355** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**JANSSEN, MARLENE R.
263 GREENWOOD AVENUE
ORMOND BEACH, FL 32174**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JANSSEN, MARLENE R. 263 GREENWOOD AVENUE ORMOND BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABEE, DAVID 470 N YONGE ST ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAPPELL, LEE A 270 WARWICK AVE. ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

300027380343
01/22/04--01013--006 **\$61.25

DO NOT WRITE IN THIS SPACE

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: **MARLENE R JANSSEN** *Marlene R. Janssen* **1-14-04** **3866772675**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #