

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90003 012 \*\*\*\*61.25

|   |                           |   |  |  |  |
|---|---------------------------|---|--|--|--|
| <b>DOCUMENT # 733801</b><br>1. Entity Name<br><b>BIG TREE LAKES PROPERTY OWNERS' ASSOCIATION, INC</b>   |                           |   |  |  |  |
| Principal Place of Business<br><b>5383 LAREDO ST<br/>KEYSTONE HEIGHTS FL 32656<br/>US</b>   |                           |   | Mailing Address<br><b>P O BOX 504<br/>LAKE GENEVA FL 32160<br/>US</b>  |  |  |
| 2. Principal Place of Business  |                           | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.   |                           | Suite, Apt. #, etc.   |  |  |  |
| City & State  |                           | City & State  |  |  |  |
| Zip   | Country                   | Zip   | Country  |  |  |
| 6. Name and Address of Current Registered Agent   |                           |   | 7. Name and Address of New Registered Agent  |  |  |
| <del>TAYLOR &amp; TAYLOR</del><br><b>4475 U.S. 1 SOUTH #406<br/>SAINT AUGUSTINE FL 32086</b>  |                           |   | Name <b>John R. Geiger, PA</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4475 U.S. 1 South #406</b><br>City <b>Saint Augustine</b> <b>FL</b> Zip Code <b>32086</b> |  |  |
| 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   |                           | <br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  | DATE <b>2-19/04</b>  |  |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2004</b>  |                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>  |  | <b>\$5.00 May Be Added to Fees</b><br><b>Make Check Payable to Florida Department of State</b> |  |
| 10. OFFICERS AND DIRECTORS  |                           |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |  |
| TITLE   | PD                        | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |  |
| NAME  | TURNER, JOANNE            |   | NAME   |  |  |
| STREET ADDRESS  | 5593 ARCADIA ST           |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | KEYSTONE HEIGHTS FL 32656 |   | CITY-ST-ZIP  |  |  |
| TITLE   | VD                        | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |  |
| NAME  | MONROE, PAUL              |   | NAME   |  |  |
| STREET ADDRESS  | 7604 W OSCEOLA CT         |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | KEYSTONE HEIGHTS FL 32656 |   | CITY-ST-ZIP  |  |  |
| TITLE   | SD                        | <input checked="" type="checkbox"/> Delete  | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |
| NAME  | JONES, GLENDA             |   | NAME   | <b>Lorraine Sabin</b>  |  |
| STREET ADDRESS  | 6040 OAKLEAF RD.          |   | STREET ADDRESS   | <b>7638 Grand mesa Ave</b>   |  |
| CITY-ST-ZIP   | KEYSTONE HEIGHTS FL 32656 |   | CITY-ST-ZIP  | <b>Keystone Heights, FL 32656</b>  |  |
| TITLE   | TD                        | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |  |
| NAME  | MONROE, KATHIE            |   | NAME   |  |  |
| STREET ADDRESS  | 7604 W OSCEOLA CT         |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | KEYSTONE HEIGHTS FL 32656 |   | CITY-ST-ZIP  |  |  |
| TITLE   | D                         | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |  |
| NAME  | TURNER, ROBERT            |   | NAME   |  |  |
| STREET ADDRESS  | 5593 ARCADIA STREET       |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | KEYSTONE HEIGHTS FL 32656 |   | CITY-ST-ZIP  |  |  |
| TITLE   | D                         | <input checked="" type="checkbox"/> Delete  | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |
| NAME  | WILSON, BRIAN             |   | NAME   | <b>Austin moody</b>  |  |
| STREET ADDRESS  | 5383 LAREDO ST.           |   | STREET ADDRESS   | <b>7661 Colorado Ave</b>   |  |
| CITY-ST-ZIP   | KEYSTONE HEIGHTS FL 32656 |   | CITY-ST-ZIP  | <b>Keystone Heights FL 32656</b>   |  |
| 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:  |                           |   | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>PAUL MONROE VD</b>   |  |  |
|   |                           |   | Date <b>2-1-04</b> Daytime Phone # <b>(904) 813-5637</b>   |  |  |