2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2004
Secretary of State

DOCUMENT# 742302

Entity Name: MICCOSUKEE MEADOWS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 12904
P O BOX 12904
TALLAHASSEE, FL 32317 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12904
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-2375273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAVLOV & ANDERSON
411 W CALHOUN STREET
TALLAHASSEE, FL 32301

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: VPD ( ) Delete
Name: BROWNING, GEORGETTA R VPD
Address: 4527 ARGYLE LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD ( ) Delete
Name: SESPICO, HARRIET M TD
Address: 4444 ARGYLE LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD ( ) Delete
Name: DANDRIA, CAROLYN SD
Address: 4474 ARGYLE LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: PD ( ) Delete
Name: SCHUESSLER, DAVID K PD
Address: 4475 ARGYLE LANE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DAVID SCHUESSLER P 05/01/2004

Electronic Signature of Signing Officer or Director — Date