


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90075 023 ****61.25

DOCUMENT # 755038	
1. Entity Name ZELLWOOD STATION GOLF ASSOCIATION, INC.	

Principal Place of Business DENNIS HITES, PRESIDENT 3754 DIAMOND OAK WAY ZELLWOOD, FL 32798 US	Mailing Address DENNIS HITES, PRESIDENT 3754 DIAMOND OAK WAY ZELLWOOD, FL 32798 US
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94007528

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 3754 DIAMOND OAK WAY Suite, Apt. #, etc.
City & State ORANGE	City & State Zellwood FL
Zip 32798	Country ORANGE

01212004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2996465	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PLUNKARD, HARRY 4118 OAK GROVE DR. ZELLWOOD, FL 32798	
7. Name and Address of New Registered Agent DENNIS HITES PRES. 3754 DIAMOND OAK WAY	
City FL Zip Code	

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 *Dennis A. Hites* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HITES, DENNIS 4118 OAK GROVE DR 3754 DIAMOND OAK WAY ZELLWOOD, FL 32798 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PLUNKARD, HARRY 4118 OAK GROVE DR. ZELLWOOD, FL 32798 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PLUNKARD, BETH 4118 OAK GROVE RD ZELLWOOD, FL 32798 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HODGES, CORNELIA 3713 DIAMOND OAK WAY ZELLWOOD, FL 32798 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Dennis A. Hites* *1-22-04* *407-889-5507*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #