


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

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90072 038 \*\*\*\*61.25

**DOCUMENT # 755237**  
 1. Entity Name  
**TOWNHOMES OF BIGTREE ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
 P O BOX 56516 JACKSONVILLE FL 32241-6516 US  
 P O BOX 56516 JACKSONVILLE FL 32241-6516 US

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **59-2068347**  
 Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**POWERS, LALAH**  
**10362 BIGTREE LANE**  
**JACKSONVILLE FL 32257**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWERS, LALAH 10362 BIGTREE LANE JACKSONVILLE FL 32257 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD COMEAUX, KATHLEEN 10392 BIGTREE CIRCLE WEST JACKSONVILLE FL 32257 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <del>ABBEY, LOUIS 10337 BIGTREE TERRACE JACKSONVILLE FL 32257</del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETERSON, DIAN 10448 BIGTREE CIRCLE WEST JACKSONVILLE FL 32257 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUECK, LYNNE 10489 BIGTREE CIRCLE EAST JACKSONVILLE FL 32257 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, HERBERT 10367 BIGTREE LANE JACKSONVILLE FL 32257 <input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIZABETH DAVIS 10493 BIGTREE C.R.E. JACKSONVILLE, FL 32257 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DISREVEALY VALASQUEZ 10450 BIGTREE CR. E. JACKSONVILLE, FL 32257 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, DIAN 10448 BIGTREE CR. W. JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOUECK, LYNNE 10489 BIGTREE CR. E. JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:** Lalah Powers - PRESIDENT 3/23/04 8802933  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #