

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


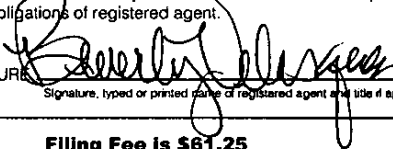

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90174 016 ****61.25

40025234



02112005 Chg-NP CR2E037 (10/03)

| | | | |
|---|--|---|--|
| DOCUMENT # 755237 | |  | |
| 1. Entity Name TOWNHOMES OF BIGTREE ASSOCIATION, INC. | | | |
| Principal Place of Business P O BOX 56516 JACKSONVILLE, FL 32241-6516 US | | Mailing Address P O BOX 56516 JACKSONVILLE, FL 32241-6516 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 59-2068347 | | 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 | | 7. Name and Address of New Registered Agent | |
| POWERS, LALAH 10362 BIGTREE LANE JACKSONVILLE, FL 32257 | | Name VELASQUEZ, BEVERLY Street Address (P.O. Box Number is Not Acceptable) 10450 BIGTREE CIR EAST JACKSONVILLE, FL City FL Zip Code 32257 | |
| 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: 2/23/05 | |
| Filing Fee is \$81.25 Due by May 1, 2005 | | 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 | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| 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 | PD BEVERLY VELASQUEZ 10450 BIGTREE CIR EAST JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD COMEAX, KATHLEEN 10392 BIGTREE CIRCLE WEST JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD COMEAX, KATHLEEN 10392 BIGTREE CIR W. JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAVIS, ELIZABETH 10493 BIGTREE CR E. JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STRADER, CARL 10441 BIGTREE CIR EAST JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PETERSON, DIAN 10448 BIGTREE CIRCLE WEST JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEINTRAUB, SHIRLEY 10428 BIGTREE CIR 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 CIRCLE EAST JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DIAN PETERSON 10448 BIGTREE CIR W. JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D THOMAS, HERBERT 10367 BIGTREE LANE JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, VIRGINIA 10361 BIGTREE LANE JACKSONVILLE, FL 32257 <input checked="" 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:  | | DATE: 2/23/05 904 880-8976 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |