

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

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90011 010 \*\*\*\*61.25

**DOCUMENT # 763878**  
 1. Entity Name  
**SAWYER PARK ASSOCIATION, INC.**



Principal Place of Business: **C/O RICHARD BIRELEY, 2609 OCEAN DR, VERO BEACH FL 32964 US**  
 Mailing Address: **P.O. BOX 4190, VERO BEACH FL 32964 US**

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

City & State

Zip Country Zip Country

4. FEI Number: **59-2378754**  
 Applied For:  Not Applicable

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



MOORE CR2E037 (11/03)

**6. Name and Address of Current Registered Agent**  
**BIRELEY, RICHARD**  
**3301 OCEAN DR.**  
**VERO BEACH FL 32963**

**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	PD	<input type="checkbox"/> Delete
NAME	BIRELEY, RICHARD	
STREET ADDRESS	3301 OCEAN DR	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CHADWICK, ROSAMOND	
STREET ADDRESS	2609 OCEAN DR	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HOOQUET, AILEEN	
STREET ADDRESS	2615 OCEAN DRIVE	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Rosamond A Chadwick* **Rosamond A. Chadwick** 4/15/04 772 234-4110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #