


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90003 018 ****61.25

DOCUMENT # N00000004789

1. Entity Name
ENCHANTED ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**102 CHASE RUN
 DESTIN, FL 32541**

Mailing Address
**102 CHASE RUN
 DESTIN, FL 32541**

54062433



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

07132004 Chg-NP CR2E037 (10/03)

4. FEI Number
52-2292342

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HAWKINS, JOHN W
 607 HIGHWAY 98 EAST
 DESTIN, FL 32541**

7. Name and Address of New Registered Agent

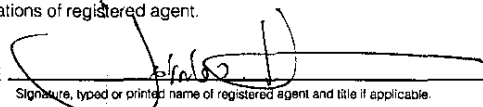
Name **John W. Hawkins**

Street Address (P.O. Box Number is Not Acceptable)
Matthews & Hawkins, P.A.

4475 Legendary Drive

City **Destin** FL Zip Code **32541**

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 **7/13/04**

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 September 8, 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	SMALL, RALPH
STREET ADDRESS	102 CHASE RUN
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	D <input type="checkbox"/> Delete
NAME	SMALL, JOSEPH
STREET ADDRESS	22962 VIA MIRAMER
CITY-ST-ZIP	LAGUNA NIGUEL, CA 92677
TITLE	D <input type="checkbox"/> Delete
NAME	TASKA, ROSOTIC
STREET ADDRESS	22962 VIA MISAMER
CITY-ST-ZIP	LAGUNA NIGUEL, CA 92677
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 checked="" 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date _____ Daytime Phone # _____