2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07294

FILED Jan 10, 2004 Secretary of State

Entity Name: WHIPPOORWILL RUN TOWNHOUSES ASSOCIATION, INC.

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
2989 BENT FT PIERCE		US				
Current Mailing Address:			New Mailin	New Mailing Address:		
2989 BENT FT PIERCE		US				
FEI Number:	13-3552077	FEI Number Applied For () FE	l Number Not Applic	able () Certific	cate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CURRY, JAMES T 2989 BENT PINE DR FT PIERCE, FL 34951 US						
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.						
SIGNATUR	E:					
	Electroni	c Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS:			ADDITIONS	CHANGES TO OF	FICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VPD () I SPALLINA, EDW 2981 BENT PINE FT PIERCE, FL	E DR	Name: Address:	VPD (X) Change WEAVER, IVAN 3009 BENT PINE DRIVI FT PIERCE, FL 34951		
Title: Name: Address: City-St-Zip:	PD () I CURRY, JAMES 2989 BENT PINE FT PIERCE, FL	E DR	Title: Name: Address: City-St-Zip:	()Change	e () Addition	
Title: Name: Address: City-St-Zip:	DT () SHUNK, ROBER 2973 BENT PINE FT PIERCE, FL	E DR	Title: Name: Address: City-St-Zip:	()Change	· () Addition	
Title: Name: Address: City-St-Zip:	D () I MOLLOY, GEOR 2983 BENT PINE FT PIERCE, FL	E DR	Address:	D (X) Change HEARN, GREG 2941 BENT PINE DR FT PIERCE, FL 34951	e()Addition	
Title: Name: Address: City-St-Zip:	AT (X) GUASTO, DORO 2987 BENT PINE FT PIERCE, FL	E DR	Title: Name: Address: City-St-Zip:	()Change	· () Addition	
Title: Name: Address: City-St-Zip:	D () I KONEVAL, GEO 2959 BENT PINE FT PIERCE, FL	E DR	Title: Name: Address: City-St-Zip:	()Change	· () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IVAN WEAVER VPD 01/10/2004