

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N08038

1. Entity Name
5TH HOLE CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business
**3572 MUIRFIELD DR
TITUSVILLE, FL 32780 US**

Mailing Address
**1061 CHENEY HWY
TITUSVILLE, FL 32780-6336 US**



01262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2529433

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JONES, CONRAD M JR.
1061 CHENEY HIGHWAY
TITUSVILLE, FL 32780**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000049982
02/13/04-80045-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CARRUTHERS, LOIS E 3572 MUIRFIELD DRIVE TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SAGANY, VIOLA 3558 MUIRFIELD CT TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ABERCROMBIE, MARGARET 2545 ROYAL OAK DRIVE TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #