2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11892

Apr 26, 2004 Secretary of State

Entity Name: ALAQUA PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434 SUITE 5000

LONGWOOD, FL 327795044 US

Current Mailing Address: New Mailing Address:

2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779

FEI Number: 59-2642611 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, JAMES W. JR
SENTRY MANAGEMENT INC
2180 WEST SR. 434 STE 5000
LONGWOOD, FL 32779 US
HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR. 434 STE 5000
LONGWOOD, FL 32779 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.

SIGNATURE: JAMES W HART JR 04/26/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD () DeleteTitle:PD (X) Change () AdditionName:DEGROOTE, MICHAEL JRName:DEGROOTE, MICHAEL JRAddress:1766 ALAQUA DRAddress:1766 ALAQUA DRCity-St-Zip:LONGWOOD, FLCity-St-Zip:LONGWOOD, FL 32779

Title: STD () Delete Title: STD (X) Change () Addition Name: PEKARUK, JERRY Name: PEKARUK, JERRY

 Address:
 1766 ALAQUA DR
 Address:
 1766 ALAQUA DR

 City-St-Zip:
 LONGWOOD, FL
 City-St-Zip:
 LONGWOOD, FL
 32779

Title: D () Delete Title: D (X) Change () Addition

 Name:
 DEGROOTE, GARY W
 Name:
 DEGROOTE, GARY W

 Address:
 1766 ALAQUA DR
 Address:
 1766 ALAQUA DR

 City-St-Zip:
 LONGWOOD, FL
 City-St-Zip:
 LONGWOOD, FL
 32779

Title: VD () Delete Title: VPD (X) Change () Addition

Name: MARTYN, ROBERT Name: MARTYN, ROBERT
Address: 11 VICTORIA ST Address: 11 VICTORIA ST

City-St-Zip: HAMILTON, BERMUDA, City-St-Zip: HAMILTON, BERMUDA, XX 00000

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: MICHAEL DEGROOTE JR PD 04/26/2004