

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

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N18532	
1. Entity Name FLORAL PARK, RANCH ESTATES & PONDEROSA HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 5616 41ST STREET VERO BEACH, FL 32967	Mailing Address 5616 41ST STREET VERO BEACH, FL 32967
---	---

DO NOT WRITE IN THIS SPACE



03302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2782414	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PEGG, ROBERT L. 1428 21ST STREET VERO BEACH, FL	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

B. 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	U000000103522 04/05/04-80059-013 61.25
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCKINNEY, MARY B. 5616 41ST STREET VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIPSON, GODFREY 4136 57TH COURT VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, MARGARET 4115 57TH COURT VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIPSON, ROSA 4155 57 ST. VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARRINER, CHRISTINE 4140 58 AV VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILSON, LEONARD, A 4205-57TH CT. VERO BCH., FL

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Godfrey E. Gippson, President</u>	Date <u>03-31-04</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #