


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90018 050 ****61.25

DOCUMENT # N24077
 1. Entity Name
FLEMINGBROOK OWNERS ASSOCIATION, INC.



Principal Place of Business
 6028 CHESTER AVE
 SUITE 202
 JACKSONVILLE, FL 32217 US

Mailing Address
 P O BOX 57911
 JACKSONVILLE, FL 32241 US

94020851



2. Principal Place of Business
Remax ON PARK Ave
 Suite, Apt. #, etc.
1008 PARK Avenue

3. Mailing Address
Remax ON PARK Ave
 Suite, Apt. #, etc.
1008 PARK Avenue

01222004 Chg-NP CR2E037 (10/03)

City & State
ORANGE PARK, FL

City & State
ORANGE Park, FL

Zip
32073

Country
USA

Zip
32073

Country
USA

4. FEI Number
59-2880300

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ALLEN HALL, JANE-
 1008 PARK AVENUE
 ORANGE PARK, FL 32073

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

7. Name and Address of New Registered Agent

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 _____
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 May 1, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, WILLIAM	NAME	
STREET ADDRESS	628 COZY BROOK LN	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 32073	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORWOOD, LEN	NAME	
STREET ADDRESS	471 BAYBROOK DR	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 32003	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDERBEEK, EUGENE	NAME	
STREET ADDRESS	5509 BLOOMWOOD COURT	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 32073	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHAN, MICHAEL	NAME	
STREET ADDRESS	580 COZYBROOK LANE	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 32003	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rennie Jackson	NAME	Rennie Jackson
STREET ADDRESS		STREET ADDRESS	482 Springbrook Dr
CITY-ST-ZIP		CITY-ST-ZIP	Orange Park, FL 32003
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jasa Shaw	NAME	JASA Shaw
STREET ADDRESS		STREET ADDRESS	5401 Applewood Ct
CITY-ST-ZIP		CITY-ST-ZIP	Orange Park, FL 32003

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: *Ken Norwood* **2-24-04** **904 264-3943**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #