2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2004
Secretary of State

DOCUMENT# N30656

Entity Name: SEMINOLE REACH OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2348 SEMINOLE REACH CT
ATLANTIC BEACH, FL 32233 US

New Principal Place of Business:

Current Mailing Address:

2348 SEMINOLE CT
ATLANTIC BEACH, FL 32233 US

New Mailing Address:

FEI Number: 59-2939204 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADA A. HAMMOND
2348 SEMINOLE REACH COURT
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HAMMOND, BRET
Address: 2347 SEMINOLE REACH COURT
City-St-Zip: ATLANTIC BEACH, FL

Title: TD ( ) Delete
Name: HOPKINS, TED
Address: 51 SEMINOLE REACH DRIVE
City-St-Zip: ATLANTIC BEACH, FL

Title: S ( ) Delete
Name: HAMMOND, ADA,
Address: 2348 SEMINOLE REACH COURT
City-St-Zip: ATLANTIC BEACH, FL

Title: D ( ) Delete
Name: BOUDREAUX, CLARENCE
Address: 2348 SEMINOLE REACH CT
City-St-Zip: ATLANTIC BEACH, FL 32233 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HAMMOND, BRETT
Address: 2348 SEMINOLE REACH COURT
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: TD (X) Change ( ) Addition
Name: HOPKINS, TED
Address: 51 SEMINOLE REACH DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BOUDREAUX, CLARENCE
Address: 2347 SEMINOLE REACH CT
City-St-Zip: ATLANTIC BEACH, FL 32233 US

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: ADA A. HAMMOND S 03/21/2004

Electronic Signature of Signing Officer or Director — Date