


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N93000001190

1. Entity Name
HUNDRED ACRE WOODS HOMEOWNERS ASS'N., INC.



Principal Place of Business
6965 HUNDRED ACRE DRIVE
PORT ST JOHN, FL 32927 US

Mailing Address
P.O. BOX 10113
PORT ST. JOHN, FL 32927 US

DO NOT WRITE IN THIS SPACE



04012004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3480943

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

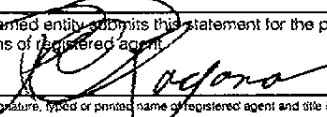
Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

PAUL RAGONA
6850 SWEET BAY COURT
COCOA, FL 32927

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:  **4/8/04**

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


U00000111512
 04/13/04 00021-012 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RAGONA, PAUL 6850 SWEET BAYCT. COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TURNER, ERNEST 6920 HUNDRED ACRE DR. PORT ST. JOHN, FL 32927
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HERRING, JEFFREY S 6925 HUNDRED ACRE DR COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PAUL, MAUREEN R 6665 HUNDRED ACRE DR COCOA, FL 32927
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)(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:  **4/8/04** **(321) 63**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #