
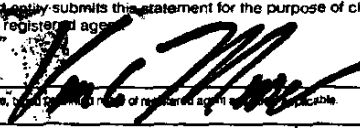
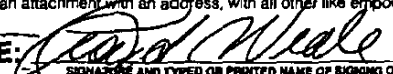


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

04-26-2004 90452 028 ****61.25

DOCUMENT # N93000004132			
1. Entity Name TUCKAWAY LAKES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 4125 SOUTH FISKE BLVD. ROCKLEDGE, FL 32955		Mailing Address 3672 MCLEAN AV ROCKLEDGE, FL 32955	
2. Principal Place of Business		3. Mailing Address 6767 N. Wickham Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 213	
City & State		City & State Melbourne FL	
Zip	Country	Zip	Country
32940		32940	
4. FEI Number 59-3204287		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FAULKNER, TERRI 3872 MCLEAN AV ROCKLEDGE, FL 32955		Name Van C Moore / Advanced Prop. Mgmt Street Address (P.O. Box Number is Not Acceptable) 6767 N. Wickham Rd Suite 213 City Melbourne FL Zip Code 32940	
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 5-6-04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input checked="" type="checkbox"/> Delete NAME GOODSON, TOM STREET ADDRESS 1175 TUCKAWAY DR CITY-ST-ZIP ROCKLEDGE, FL 32955	TITLE <input checked="" type="checkbox"/> Delete NAME WILLIAMS, AVIS STREET ADDRESS 1265 TUCKAWAY DRIVE CITY-ST-ZIP ROCKLEDGE, FL 32955	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME SD William Sims STREET ADDRESS 1280 Tuckaway DRIVE CITY-ST-ZIP Rockledge, FL 32955	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME TD Lloyd Veale STREET ADDRESS 455 Tuckaway DRIVE CITY-ST-ZIP Rockledge, FL 32955
TITLE <input checked="" type="checkbox"/> Delete NAME COOPER, JOHN E STREET ADDRESS 3672 MCLEAN AVENUE CITY-ST-ZIP ROCKLEDGE, FL 32955	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME PD Donald Flammio STREET ADDRESS 1215 Tuckaway DRIVE CITY-ST-ZIP Rockledge, FL 32940		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: 		Date 21 APR 04 Daytime Phone # 632 1824	