2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000005459

1. Entity Name
CONFEDERATE CROSSING HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10450 SAN JOSE BLVD. JACKSONVILLE, FL 32257	PO BOX 600695 JACKSONVILLE, FL 32260

DO NOT WRITE IN THIS SPACE

02022004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3683858
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PRATT, DENNIS L
10450 SAN JOSE BLVD.
STE. 3
JACKSONVILLE, FL 32257

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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

000000049146
02/13/04-80010-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	WILLIAMS, WALTER L JR
STREET ADDRESS	445 SR 13 N. SUITE 6B
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	D
NAME	WILLIAMS, SHELLEY
STREET ADDRESS	445 SR 13 NORTH SUITE B
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	D
NAME	IDDING, COLLEN
STREET ADDRESS	445 SR 13 N., SUITE 6B
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2/2/04 904 384 2235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #