


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000005965</b>	
1. Entity Name RUSH PARK WEST OWNERS ASSOCIATION, INC.	

Principal Place of Business 455 RUSH PARK CIR MARY ESTHER, FL 32569	Mailing Address PO BOX 925 MARY ESTHER, FL 32569
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  FOUNTAIN, KENNETH R 8855 NAVARRE PKWY NAVARRE, FL 32566	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		DATE _____
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<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000189876 08/12/04-80001-009 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRIETA, CAROL 461 RUSH PARK CIR MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JORDAN, JEAN 451 W. PARK DR. MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD IBARRA, JOSE 469 W. PARK DR MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LABATTE, DENNIS A 455 RUSH PARK CIR. MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCFARLAND, TERRI 464 RUSH PARK CIR MARY ESTHER, FL 32569
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

<b>SIGNATURE:</b> <i>José A. Ibarra</i> / <i>José A. Ibarra - Treasurer</i>	<i>Callahan IT 2004</i> <i>850-936-6694</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>