2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 26, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # N42290 et shores homeowni	ERS ASSOCIATION,						2004 90031		
Principal Plac 668 N ORLAI STE 105	NDO AVE	Mailing Address 668 N ORLANDO AVE STE 105					בט		4	
maitland, f	L 32751	MAITLAND, FL 32751								
	lace of Business Lake Destiny Drive	3. Mailing Address 901 N. Lake D	esti	ny Dri	ive					
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 110				03122004	Chg-NP	CR2E0	37 (10/03)	
City & State		City & State Maitland, FL	City & State			4. FEI Numbe 65-008				oplied For ot Applicable
Zip 32751	Country	Zip 32751	Cou	•		5. Certificate	of Status Desir	red 🔲	\$8.75 Add	
	6. Name and Address of Curren						Address of N	ew Registered	Agent	
MORBITZE	ER COMMUNITIES, INC.		Name Robin I							
668 N. OR	LANDO AVE., STE 105 D, FL 32751				treet Address (P.O. Box Number is Not Acceptable) 01 N. Lake Destiny Drive					
				Suite	= 110)			Zip Coo	ie
	named entity submits ms statement	1.11		Mait]				FL	- 327.	51
		or the purpose of changing its	registere	ornice or	register	ed agent, or bot	n, in the State	or Fiorida. I am	i tamillar with,	, and accept
ino quiga.	ions of registered agent.	?							,	
SIGNATURE	Signature, typed or printed name of registered ager	Trend title it applicable. (NOTE	: Registered	d Agent signati	ure required	When reinstating)		DATE	3/19	1/swy
	Thing,	Pend title if applicable. (NOTE 9. Election Can Trust Fund C	ıpaign F	inancing	ure required	when reinstating) \$5.00 May B Added to Fees	ie .		3/19 k payable t	
SIGNATURE.	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2004 OFFICERS AND D	9. Election Can Trust Fund C	ipaign F ontributi	inancing on.		\$5.00 May B		Make chec Florida Depa	rtment of S	tate v 10
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #