


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

**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

03-30-2004 90004 014 \*\*\*\*61.25

<b>DOCUMENT # N96000005789</b>	
1. Entity Name <b>RAYMOND OAKS HOMEOWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>668 N ORLANDO AVENUE SUITE 105 MAITLAND, FL 32751</b>	Mailing Address <b>668 N ORLANDO AVENUE SUITE 105 MAITLAND, FL 32751</b>
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**54024237**



2. Principal Place of Business <b>901 N. Lake Destiny Drive</b>	3. Mailing Address <b>901 N. Lake Destiny Drive</b>
Suite, Apt. #, etc. <b>Suite 110</b>	Suite, Apt. #, etc. <b>Suite 110</b>

03032004 Chg-NP CR2E037 (10/03)

City & State <b>Maitland, FL</b>	City & State <b>Maitland, FL</b>	4. FEI Number <b>59-3185258</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32751</b>	Country <b>USA</b>	Zip <b>32751</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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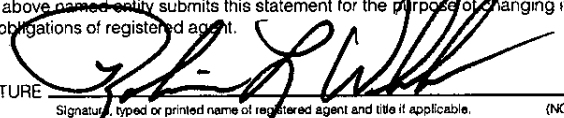
**6. Name and Address of Current Registered Agent**

**WEBB, ROBIN L**  
**668 N ORLANDO AVE., STE 105**  
**MAITLAND, FL 32751**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**901 N. Lake Destiny Drive**  
**Suite 110**  
 City  
**Maitland** **FL** Zip Code  
**32751**

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 **3/27/2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MORRELL, BOB</b> <b>115 RAYMOND OAKS COURT</b> <b>ALTAMONTE SPRINGS, FL 32701</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD</b> <input type="checkbox"/> Delete <b>SCHILLINGER, STEVE</b> <b>108 RAYMOND OAKS CT.</b> <b>ALTAMONTE SPRINGS, FL 32701</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <input type="checkbox"/> Delete <b>LYLES, TONY</b> <b>151 RAYMOND OAKS COURT</b> <b>ALTAMONTE SPRINGS, FL 32701</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <input type="checkbox"/> Delete <b>SINGLETARY, JEFF</b> <b>119 RAYMOND OAKS CT.</b> <b>ALTAMONTE SPRINGS, FL 32701</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> <input type="checkbox"/> Delete <b>GOLDSTEIN, SAM</b> <b>111 RAYMOND OAKS CT.</b> <b>ALTAMONTE SPRINGS, FL 32701</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

**SIGNATURE:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_