

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26729

FILED
May 09, 2004
Secretary of State

Entity Name: MIDDLETON OAKS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

% WEAN & MALCHOW, P.A.
646 E COLONIAL DR
ORLANDO, FL 328034603

New Principal Place of Business:

Current Mailing Address:

P O BOX 952104
LAKE MARY, FL 327952104 US

New Mailing Address:

FEI Number: 59-2948170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEAN, PAUL ESQ
646 E COLONIAL DR
ORLANDO, FL 328034603

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: DESJARLAIS, ROBIN
Address: 4310 MEETING PLACE
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: WESTFALL, LYNDIA
Address: 921 PENFIELD COVE
City-St-Zip: SANFORD, FL 32773

Title: V () Delete
Name: RODGERS, MATTHEW
Address: 925 PENFIELD COVE
City-St-Zip: SANFORD, FL 32773

Title: T () Delete
Name: FLEMING, GLEN
Address: 4249 MEETING PL
City-St-Zip: SANFORD, FL 32773

Title: P () Delete
Name: HAIR, KENNETH
Address: 936 OLD MAIL LN
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: MORRIS, BILL
Address: 4286 MEETING PL
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAMARIS SHEA

T

05/09/2004

Electronic Signature of Signing Officer or Director

Date