2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90752 048 ****61.25

DOCUMENT # N98000002023

1. Entity Name
FIELDSTREAM NORTH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
52 EAST SOUTH STREET
ORLANDO, FL 32801

Mailing Address
52 EAST SOUTH STREET
ORLANDO, FL 32801

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

04272004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3508548 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
DON ASHER & ASSOCIATES, INC.
52 EAST SOUTH STREET
ORLANDO, FL 32801

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD ☑ Delete	TITLE	TD ☐ Change ☑ Addition
NAME	RUCUBADO, FERNANDO	NAME	Brian Wajda
STREET ADDRESS	332 FRESHWATER COVER	STREET ADDRESS	10630 Creel Court
CITY-ST-ZIP	ORLANDO, FL 32825	CITY-ST-ZIP	Orlando, FL 32825
TITLE	VD ☑ Delete	TITLE	D ☐ Change ☑ Addition
NAME	BISZICK, MERYL	NAME	Jennifer Ellis
STREET ADDRESS	327 FRESHWATER COURT	STREET ADDRESS	10612 Ksesge ct
CITY-ST-ZIP	ORLANDO, FL 32825	CITY-ST-ZIP	Orlando, FL 32825
TITLE	PD ☐ Delete	TITLE	SD ☐ Change ☑ Addition
NAME	YOUNG, DAVID	NAME	Damaris Melendez
STREET ADDRESS	10630 CREEL COURT	STREET ADDRESS	10904 Brown Trout Cir.
CITY-ST-ZIP	ORLANDO, FL 32825	CITY-ST-ZIP	Orlando, FL 32825
TITLE	D ☑ Delete	TITLE	VPD ☐ Change ☑ Addition
NAME	DRISCOLL, MIKE	NAME	Joe Neamon
STREET ADDRESS	10618 CREEL CT.	STREET ADDRESS	232 Fieldstream North Blvd.
CITY-ST-ZIP	ORLANDO, FL 32825	CITY-ST-ZIP	Orlando, FL 32825
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: David Young — 4-28-04 — 407-207-1454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #