
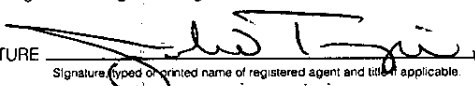
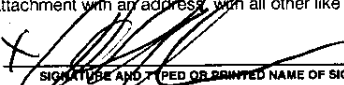


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004 8:00 am
Secretary of State

06-10-2004 90002 031 ****61.25

DOCUMENT # N95000005152			
1. Entity Name SIR MICHAEL'S PLACE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 25121 DIVOT DRIVE BONITA SPRINGS, FL 34135 US		Mailing Address 25121 DIVOT DRIVE BONITA SPRINGS, FL 34135 US	
2. Principal Place of Business		3. Mailing Address 381 Interstate Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Sarasota FL	
Zip	Country	Zip	Country
		34240	USA
4. FEI Number 36-4108212		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MICHAELS, JOHN H 10963 SALERNO BAY RD BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent Name: Sun Coast Management + Svcs Inc Street Address (P.O. Box Number is Not Acceptable): 381 Interstate Blvd City: Sarasota FL Zip Code: 34240	
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: 		President - Julie Trampe - Pres. 5/26/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: P	NAME: MICHAELS, JOHN H	TITLE: President	NAME: Mark Carpenter
STREET ADDRESS: 10963 SALERNO BAY ROAD	CITY-ST-ZIP: BONITA SPRINGS, FL 34135	STREET ADDRESS: 569 Interstate Blvd	CITY-ST-ZIP: Sarasota FL 34240
TITLE: ST	NAME: KRASS, HOWARD	TITLE: VP	NAME: Jim Jeffries
STREET ADDRESS: 25121 DIVOT DRIVE	CITY-ST-ZIP: BONITA SPRINGS, FL 34135	STREET ADDRESS: 569 Interstate Blvd	CITY-ST-ZIP: Sarasota FL 34240
TITLE: VP	NAME: GRAY, DONALD	TITLE: S	NAME: Christie Keller
STREET ADDRESS: 26941 LEPORT STREET	CITY-ST-ZIP: BONITA SPRINGS, FL 34135	STREET ADDRESS: 569 Interstate Blvd	CITY-ST-ZIP: Sarasota FL 34240
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	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: 		Date: 5-26-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

54057070

