2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# 729113

Entity Name: DELAND OAKS ASSOCIATION, INC.

Current Principal Place of Business:

100 EAST KENTUCKY AVENUE
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

100 EAST KENTUCKY AVENUE
DELAND, FL 32724

New Mailing Address:

FEI Number: 59-1724494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, ROBERT L
850 CONCOURSE PKWY S
MAITLAND, FL 32751 US

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: D ( ) Delete
Name: PATTERSON, MARY
Address: 10015 KENTUCKY AVE C-5
City-St-Zip: DELAND, FL 32724

Title: P ( ) Delete
Name: CRILE, WES
Address: 100 E KENTUCKY AVE D105
City-St-Zip: DELAND, FL 32724

Title: VP ( ) Delete
Name: RILEY, JAMES
Address: 1005 KENTUCKY AVE #B-7
City-St-Zip: DELAND, FL 32724

Title: T ( ) Delete
Name: STOVER, LEE
Address: 100 E KENTUCKY AVE A2
City-St-Zip: DELAND, FL 32724

Title: SD ( ) Delete
Name: GRIECO, BETTY
Address: 100 E KENTUCKY AVE G6
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FLOYD, ROY
Address: 100 EKENTUCKY AVE D106
City-St-Zip: DELAND, FL 32724

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

Title: VP (X) Change ( ) Addition
Name: SULLIVAN, ROBERT
Address: 100 EKENTUCKY AVE
City-St-Zip: DELAND, FL 32724

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: WES CRILE P 04/29/2004

Electronic Signature of Signing Officer or Director — Date