


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # 732120					
1. Entity Name WEEKI WACHEE WOODLANDS CIVIC AND IMPROVEMENT ASSOCIATION, INC.					
Principal Place of Business 4126 REDWING DRIVE SPRING HILL FL 34606			Mailing Address 4126 REDWING DRIVE SPRING HILL FL 34606		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1644202	
				<input type="checkbox"/> 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			7. Name and Address of New Registered Agent		
ADAMS, MARY E 4126 REDWING DRIVE SPRING HILL FL 34606			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<div style="text-align: right;">FL</div> 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____					
FILE NOW: 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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONG, BLANCHE		NAME		
STREET ADDRESS	7468 NAVAJO DRIVE		STREET ADDRESS		
CITY - ST - ZIP	SPRING HILL FL 34606		CITY - ST - ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, MARY E		NAME		
STREET ADDRESS	4126 REDWING DRIVE		STREET ADDRESS		
CITY - ST - ZIP	SPRING HILL FL 34606-2425		CITY - ST - ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILL, MARY		NAME		
STREET ADDRESS	4044 SUGARFOOT DRIVE		STREET ADDRESS		
CITY - ST - ZIP	SPRING HILL FL 34606		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: Mary E. Adams **MARY E. ADAMS**

17 Feb 2004 352-683-8211