

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90007 028 ****61.25

DOCUMENT # 733666 1. Entity Name PROPERTY OWNERS ASSOCIATION OF MYSTERIOUS WATERS, INC.					
Principal Place of Business 2 MYSTERIOUS WATER RD CRAWFORDVILLE, FL 32327 US			Mailing Address 2 MYSTERIOUS WATER RD CRAWFORDVILLE, FL 32327 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BARRON, KENNETH 25 EGRET STREET S CRAWFORDVILLE, FL 32327				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEATING, PAUL		NAME		
STREET ADDRESS	52 N. EGRET ST		STREET ADDRESS		
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327		CITY - ST - ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MONTANY, CLAUDIA		NAME	Katherine Hoffman	
STREET ADDRESS	1674 SPRINGWOOD DR		STREET ADDRESS	1662 Seminole	
CITY - ST - ZIP	TALLAHASSEE, FL 32308		CITY - ST - ZIP	Tallahassee FL 32301	
TITLE	DP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRON, KENNETH		NAME		
STREET ADDRESS	25 EGRET ST., S		STREET ADDRESS		
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327		CITY - ST - ZIP		
TITLE	DT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLIANS, FRAN		NAME		
STREET ADDRESS	91 DOE RUN		STREET ADDRESS		
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327		CITY - ST - ZIP		
TITLE	DS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDSON, YVONNE		NAME		
STREET ADDRESS	94 EAGLE DR		STREET ADDRESS		
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327		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)(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: <u>Fran Millians</u> <u>Fran Millians</u>			1-26-04 8909268950		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		