2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004
Secretary of State

DOCUMENT# 749708

Entity Name: CHANNING VILLAS HOMEOWNERS ASSOC., INC.

Current Principal Place of Business:

A & G MANAGEMENT
11360 FORTUNE CIRCLE, STE E-6A
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

A & G MANAGEMENT
PMB 221, 11924 FOREST HILL BLVD., STE 22
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 59-1950581 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A & G MANAGEMENT
11924 FOREST HILL BLVD
STE 22
WELLINGTON, FL 33414 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:	DV	( ) Delete
Name:	INGUI, ROBERT	
Address:	11896 SUELLEN CIRCLE	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	DP	( ) Delete
Name:	KINARD, JAMES	
Address:	11944 SUELLEN CIRCLE	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	D	( ) Delete
Name:	TOZER, WILLIAM	
Address:	11958 SUELLEN CIRCLE	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	DT	( ) Delete
Name:	KALMBACH, JANICE	
Address:	12051 SUELLEN CIRCLE	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	D	( ) Delete
Name:	HANLEY, SHARON	
Address:	11887 SUELLEN CIRCLE	
City-St-Zip:	WEST PALM BEACH, FL 33414	
Title:	DS	( ) Delete
Name:	STIDHAM, NELL	
Address:	12056 SUELLEN CIRCLE	
City-St-Zip:	WEST PALM BEACH, FL 33414	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	KANE, WILLIAM	
Address:	12000 SUELLEN CIRCLE	
City-St-Zip:	WELLINGTON, FL 33414	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: JIM KINARD DP 03/26/2004

Electronic Signature of Signing Officer or Director — Date

BILLIE THOMPSON, DIRECTOR
12013 SUELLEN CIRCLE
WELLINGTON, FL 33414