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

changed, or on an attachment with

SIGNATURE:

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 14, 2004 8:00 am Secretary of State **DOCUMENT # 762786** 1. Entity Name 05-14-2004 90005 046 \*\*\*\*61.25 UNITED RESIDENTS OF BEVERLY HILLS. **INCORPORATED** Mailing Address Principal Place of Business PO BOX 640089 BEVERLY HILLS FL 34464 C/O WALSH, JOHN 315 S. BARBOUR ST BEVERLY HILLS FL 34465 54054304 2. Principal Place of Business Mailing Address COGIL BUECHLY P.O. BOX 640089 Suite, Apt. #, etc. 1615 TEFFRSON ST. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State Applied For City & State 4. FEI Number NO-T APPLICABLE BEVERLY HILLS BEVERLY HILLS Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34464 Fee Required CITRUS どけれなら 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIL BUECHEN WALSH, JOHN T Street Address (P.O. Box Number is Not Acceptable) 315 S BARBOUR STREET **BEVERLY HILLS FL 34465** BEVER LY HILLS Zip Code 34465 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 registated agent. SIGNATURE -DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if ann FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution Florida Department of State Due By May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D TITLE TITLE Delete Change ☐ Addition WALSH, JOHN GIL BUECHLY 101 STEFFERSON ST. NAME NAME 315 S BARBOUR ST STREET ADDRESS STREET ADDRESS **BEVERLY HILLS FL 34465** CITY-ST-ZIP CITY-ST-ZIP BEVERLY HILLS FL 34465 ☐ Delete TITLE T Change ☐ Addition MIKUTEL, JOHN JANET REEVES NAME NAME 111 W. GOLDENTUFT CT 4488 W, PAPOOSE LANE STREET ADDRESS STREET ADDRESS BEVERLY HILLS FL CITY-ST-7/P CITY-ST-ZIP PINE RIDGE FL Change TITLE ☐ Delete TITI E ☐ Addition LONGOBARDI PETER KĽAVANS, WALTER NAME NAMÉ 412 W BLUEFLAX CT 3436 N. SUNROSE PATH BRUERLY HILLS FL 34465 STREET ADDRESS STREET ADDRESS BEVERLY HILLS FL CITY-ST-ZIP CITY-ST-ZIP 🔼 Delete TITLE TITLE ☐ Addition LEE, K. T. WALSH JOHN NAME NAME 952 W. BEAKRUSH LANE STREET ADDRESS 315 5 BARBOUR ST STREET ADDRESS BEVERLY HILLS FL CITY-ST-ZIP CITY-ST-ZIP BEVERLY HILLS FL 34465 X Addition ☐ Delete TITLE TITLE BUECHLY, DONNA COONEY JOHN NAME NAME 106 S JEFFERSON ST 3956 N. HUCKELBERRY PT. STREET ADDRESS STREET ADDRESS **BEVERLY HILLS FL** BEVERLY HILLS EL 34465 CITY-ST-ZIF CITY-ST-ZIP TILE Delete TITLE **M** Change ☐ Addition DEMBKOWSKI, CHESTER DEMBKOVISKI CHESTER NAME NAME 84 W ROYAL FERN PLACE 84 W. ROYALRERN PL STREET ADDRESS STREET ADDRESS BEVERLY HILLS FL CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP BEVERLY HILLS FL 34465 12. Thereby certify that the information supplied with this filling 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

**FILED** 

Date

Daytime Phone #