


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 770900 1. Entity Name CIVIC ASSOCIATION OF HIGH HOPES MOBILE HOME SUBDIVISION, INCORPORATED	
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Principal Place of Business 139-55 SE 139TH COURT SUMMERFIELD, FL 34491 US	Mailing Address P.O. BOX 772 SUMMERFIELD, FL 34492 US
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DO NOT WRITE IN THIS SPACE



02132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 58-2830649	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  JONES, WILFRED 12926 LAKE DORA CIR TAVARES, FL 32778	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000077372 03/05/04-80039-015 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, WILFRED 12926 LAKEDORA CIR TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP SERGIO, EQUITANI 139-80 SEO 66 CT SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MASCARO, JOSEPHINE 6680 SE 139TH ST. SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Wilfred Jones Date: 2/1/04 Daytime Phone #: 347 4517  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR