


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

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90025 001 \*\*\*\*61.25

<b>DOCUMENT # N00000000400</b>	
1. Entity Name <b>EL CAMBA HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>1841 GEORGE JENKINS BOULEVARD LAKELAND FL 33815-3705</b>	Mailing Address <b>LINDA JONES 407 EL CAMBA M H P LAKELAND FL 33815-3705</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number <b>59-3628711</b>		Applied For <input type="checkbox"/> 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 <b>JONES, LINDA 407 EL CAMBA M.H.P LAKELAND FL 33815-3705</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 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	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD JONES, DEAN 407 EL CAMBA M H P LAKELAND FL 33815-3705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REED, ROBERT 503 EL CAMBA MHD LAKELAND FL 33815 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Brown, Charlie 311 EL CAMBA MHP Lakeland, FL 33815-3705</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIEMEN, MARY 307 EL CAMBA LAKELAND FL 33815-3705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHELL, JOAN 409 EL CAMBA M H P LAKELAND FL 33815-3705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, LINDA 407 EL CAMBA M H P LAKELAND FL 33815-3705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARCOZZI, MARY J 200 ELCAMBA MHP LAKELAND FL 33815 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Siemen, Angie 300 EL CAMBA MHP LAKELAND, FL 33815-3705</b>

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:** MARY SIEMEN, President EL CAMBA HOA Inc. 1-29-04 863 682-0992  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

attachment  
Doc # N0000000400  
54005009

2004 Not-for-Profit Corporation Annual Report

Officer / Director

Title - Officer Director

Name - Ronald Wallace

Street - 605 EL CAMBA MHP  
Address

City-St. - LAKE LAND, FL 33815-3705  
Zip

Mary Siemen, President  
El Camba HOA Inc.