

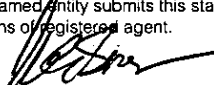
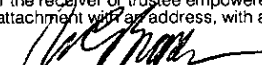


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90205 003 ****61.25

DOCUMENT # N00000002562 1. Entity Name SPRING LAKES IV HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3253 FIDDLER'S HAMMOCK LN. PONTE VEDRA BEACH, FL 32082				Mailing Address 3253 FIDDLER'S HAMMOCK LN. PONTE VEDRA BEACH, FL 32082	
2. Principal Place of Business 500 S. SEALAKE LANE		3. Mailing Address 13119 PROFESSIONAL DR.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 200			
City & State PONTE VEDRA BEACH, FL		City & State JACKSONVILLE, FL			
Zip 32082		Zip 32225			
Country USA		Country USA		4. FEI Number 59-3649698	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				4212004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent SONE, MICHAEL 3253 FIDDLER'S HAMMOCK LN. PONTE VEDRA BEACH, FL 32082				7. Name and Address of New Registered Agent Name SAME AS CURRENT Street Address (P.O. Box Number is Not Acceptable) 500 S. SEALAKE LANE City PONTE VEDRA BEACH FL Zip Code 32082	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 NAME STREET ADDRESS CITY-ST-ZIP	PD SONES, MICHAEL 3253 FIDDLER'S HAMMOCK LN. PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 S. SEALAKE LANE PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BRAREN, MICHAEL 4345 PABLO OAKS CT JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 S. SEALAKE LANE PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KUESTER, KEN 3253 FIDDLER'S HAMMOCK LN. PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 S. SEALAKE LANE PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 				Date 4/26/04 Daytime Phone # 904 482 1114	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	