


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90016 027 ****61.25

DOCUMENT # N00000004069	
1. Entity Name ROARING 20'S HOMEOWNERS' ASSN., INC.	

Principal Place of Business DENNY'S 2201 S FEDERAL HWY BOYNTON BCH, FL 33435	Mailing Address 6840 EASTVIEW DR LAKE WORTH, FL 33462
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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

01092004 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRADLEY, JUDITH 6840 EASTVIEW DR LANTANA, FL 33462		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, JUDITH	NAME	
STREET ADDRESS	6840 EASTVIEW DR	STREET ADDRESS	
CITY - ST - ZIP	LANTANA, FL 33462	CITY - ST - ZIP	
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YULL, JOHN	NAME	JIM TATE
STREET ADDRESS	27 BARN CLOSE, ALBOURNE	STREET ADDRESS	506 SE 20th COURT
CITY - ST - ZIP	SUSSEX, ENGLAND, bn6 9dg	CITY - ST - ZIP	BOYNTON BEACH, FL 33435
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLTON, NANCY	NAME	MELANIE SCHULTZ
STREET ADDRESS	514 SE 20TH CT	STREET ADDRESS	424 SE 20th COURT
CITY - ST - ZIP	BOYNTON BEACH, FL 33435	CITY - ST - ZIP	BOYNTON BEACH, FL 33435
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELROD, ALLISON	NAME	TD
STREET ADDRESS	428 SE 20TH CT	STREET ADDRESS	GEORGE HORSTICK
CITY - ST - ZIP	BOYNTON BEACH, FL 33435	CITY - ST - ZIP	424 SE 21st COURT
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITNEY, STEVE	NAME	
STREET ADDRESS	409 SE 20TH CT	STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH, FL 33435	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: 	3/29/04 561-248-8512
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>