2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004383

FILED Jul 06, 2004 Secretary of State

Entity Name: NASH SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.

THE ADOVE NAME AND DIRECTORS: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: Electronic Signature of Registered Agent Date Address: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: D () Delete Name: LARKIN, GORDON R Title: D () Delete Name: LARKIN, GORDON R Title: D () Delete Name: LARKIN, GORDON R Title: D () Delete Name: LARKIN, GORDON R Title: D () Delete Name: LARKIN, GORDON R Title: D () Delete Name: LARKIN, GORDON R Title: D () Delete Name: LARKIN, GORDON R Title: D () Delete Name: LARKIN, GORDON R Title: D () Delete Name: LARKIN, GORDON R Name: LARKIN, JOSEPHINE L Name: LARKIN, JOS						
PO BOX 1474 DADE CITY, FL 33526 FEI Number: 59-3706195 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: LARKIN, GORDON R 11825 OLD LAKELAND HWY DADE CITY, FL 33525 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. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: D () Delete Title: () Change () Addition Name: LARKIN, JOSEPHINE L Name: Name: LARKIN, AVA Name: Name: LARKIN,	Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
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in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: D () Delete Name: LARKIN, GORDON R Address: 11825 OLD LAKELAND HWY Address: City-St-Zip: DADE CITY, FL 33525 Title: D () Delete Title: D () Change () Addition Name: LARKIN, JOSEPHINE L Name: Address: 11825 OLD LAKELAND HWY Address: City-St-Zip: DADE CITY, FL 33525 City-St-Zip: DADE CITY, FL 33525 Title: D () Change () Addition Name: LARKIN, JOSEPHINE L Name: Address: City-St-Zip: DADE CITY, FL 33525 Title: D () Delete Title: () Change () Addition Name: LARKIN, AVA Address: 11825 OLD LAKELAND HWY Address: 11825 OLD LAKELAND HWY Address:	11825 OLI	D LAKELAND	HWY			
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	Name: Address:	LARKIN, AVA 11825 OLD LA	KELAND HWY	Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPHINE LEE LARKIN D 07/06/2004