2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005715

FILED Apr 05, 2005 Secretary of State

Entity Name: BOYETTE FARMS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3974 TAMPA ROAD 3974 TAMPA ROAD SUITE B OLDSMAR, FL 34677 OLDSMAR, FL 34677 **Current Mailing Address:** New Mailing Address: PO BOX 2157 OLDSMAR, FL 34677 FEI Number: 59-3726369 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: MELROSE MANAGEMENT GROUP HANSON, JACK B 3974 TAMPA ROAD 3974 TAMPA ROAD SUITE B OLDSMAR, FL 34677 US OLDSMAR, FL 34677 US 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: JACK B HANSON 04/05/2005 Electronic Signature of Registered Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **OFFICERS AND DIRECTORS:** () Delete () Change () Addition FAHRINGER, COR Name: Name: 11716 SOUTH STONE LANE Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: VD Title: VPD () Delete (X) Change () Addition LANG, JASON Name: LANG, JASON Name: Address: 9830 LAUREL LEDGE DR. Address: 9830 LAUREL LEDGE DR. City-St-Zip: RIVERVIEW, FL 33569 US City-St-Zip: RIVERVIEW, FL 33569 US Title: () Delete Title: () Change () Addition STRADER, MARY Name: Name: 11612 GROVE ARCADE DR. Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: () Delete Title: SD () Change (X) Addition Name: Name: RASMUSSEN, CINDY Address: Address: 11616 GROVE ARCADE DRIVE City-St-Zip: City-St-Zip: RIVERVIEW, FL 33569

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: JACK B HANSON AGEN 04/05/2005