

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 26, 2004
Secretary of State**

DOCUMENT# N00000008422

Entity Name: AUDUBON LANDING ASSOCIATION, INC.

Current Principal Place of Business:

3974 TAMPA ROAD
B
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

PO BOX 2157
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-3714780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELROSE MANAGEMENT GROUP
3974 TAMPA ROAD
B
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: BOYLER, KEN
Address: 19127 LAKE AUDUBON DR
City-St-Zip: TAMPA, FL 33647

Title: VPD () Delete
Name: GORMAN, PAUL
Address: 19184 LAKE AUDUBON DR
City-St-Zip: TAMPA, FL 33647

Title: SD () Delete
Name: SCANLAN, SANDY
Address: 19106 LAKE AUDUBON DR
City-St-Zip: TAMPA, FL 33647

Title: DT () Delete
Name: KETTNER, DELORES
Address: 8603 EGRET POINT CT
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: TATE, DONNA
Address: 8603 EGRET POINT CT
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOEGLER, KEN
Address: 19127 LAKE AUDUBON DR
City-St-Zip: TAMPA, FL 33647

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KEN BOEGLER

DP

03/26/2004

Electronic Signature of Signing Officer or Director

_____ Date