2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N01000002029



FILED Mar 09, 2004 8:00 am Secretary of State 03-09-2004 90060 022 ****61.25

1852 RANCH RD. NOKOMIS, FL 34275 2. Principal Places of Business VISST BURNETH R.D. Suite, Act II, etc. Suite, Act III,	OAK RID	E GE FARMS HOMEOWNER	S' ASSOCIATION, IN									
Sules, Api F. etc. A FEI Number TA-3092880 Applied for Intel Ap	1652 RANCH RD.		1652 RANCH RD.		44018079							
City & State With Charles Country Coun	1652	RANCH RD	165-2 K	ANCH R D								
Mo K o Fr. S	- '			 	<u> </u>	ng-NP CR2		plied For				
Street Address of New Registered Agent 1. Name	<u> Wol</u>	Yonis	NoRor	NoRonis		0	No	t Applicable				
Name Name Street Address (P.O. Box Number is Not Acceptable) Not Acceptable Not A		75 6	34225				Fee Required	itional 1				
Signature Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Number is Not Acceptable) Street Address (P.O. Box Number is Numb	LAKER KA		Neglatered Agent	Name	1. Name and Add	1033 OF NEW TRADISTOR	ed Agent					
E. 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. Tam tamiliar with, and accept the obligations of registered agent. SIGNATURE Mark Ma	1652 RAN	CH RD.	·	Street Address	Street Address (P.O. Box Number is Not Acceptable)							
B. 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				City			Zip Code					
SIGNATURE HOLDER LACKEY FILING Fee Is \$61.25 Due by May 1, 2004 PILING Fee Is \$61.25 Due by May 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 LAKER, KATHLEEN A STREET ADDRESS TITLE D LAKER, GERALD D STREET ADDRESS CITY-ST-2P TITLE D LAKER, GERALD D STREET ADDRESS CITY-ST-2P SARASOTA, FL 34276 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME ST			or the purpose of changing its	registered office or registe	ered agent, or both, in			and accept				
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1. 12. Thereby 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	STREET ADDRESS			STREET ADDRESS				i				
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	12. Lhereby	certify that the information supplied with	n this filing does not qualify for	the exemption stated in S	Section 119.07(3)(i), Fl	orida Statutes. I further	r certify that the in	of 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: <u>Hatil</u>	teen Luker	KATHLEEN	LANER	3/.0	2/04	941-488-7	90
/SIGNATURE A	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				7-7	Daytime Phone #	