

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000004398		
1. Entity Name MCLEOD GARDENS HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 616 2ND STREET SW WINTER HAVEN, FL 33880	Mailing Address 616 2ND STREET SW WINTER HAVEN, FL 33880	
DO NOT WRITE IN THIS SPACE		



02052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 03-0423552	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAUGHN, JAMES O
616 2ND STREET SW
WINTER HAVEN, FL 33880

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000085847
03/11/04-80064-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAUGHN, JAMES O 616 2ND STREET SW WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAUGHN, MARTHA H 616 2ND STREET SW WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRIFFITH, LAURA 616 2ND STREET SW WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *James O Vaughn* 3/11/04 293-2577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #