


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 08:00 AM
Secretary of State

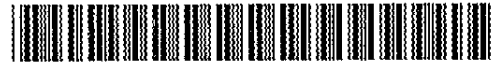
DOCUMENT # N01000008998

1. Entity Name
EDITH ELLEN ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 12876 SW CR 231 BROOKER, FL 32622	Mailing Address 12876 SW CR 231 BROOKER, FL 32622
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DO NOT WRITE IN THIS SPACE



07192004 No Chg-NP CR2E037 (10/03)

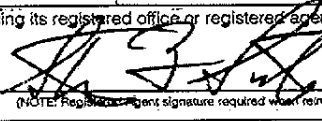
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, STEPHEN F
12876 SW CR 231
BROOKER, FL 32622

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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 Stephen F Smith  DATE 7-19-04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 8, 2004

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

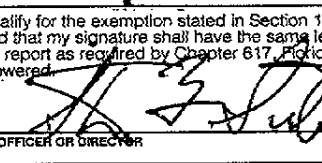
U00000168646
 07/26/04-80005-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, STEPHEN F
STREET ADDRESS	12876 SW CR 231
CITY-ST-ZIP	BROOKER, FL 32622
TITLE	D
NAME	SMITH, EDITH E
STREET ADDRESS	12876 SW CR 231
CITY-ST-ZIP	BROOKER, FL 32622
TITLE	D
NAME	SMITH, DAVID W
STREET ADDRESS	9585 SW 128TH PL.
CITY-ST-ZIP	BROOKER, FL 32622
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Stephen F Smith  DATE 7-19-04 (352) 485-2458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #