2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 26, 2004 8:00 am **Secretary of State** DOCUMENT # N01296----1. Entity Name 02-26-2004 90025 001 ****61.25 C.A.V. HOMEOWNERS COOPERATIVE, INC. Principal Place of Business Mailing Address 39333 BLUE SKYE DRIVE 39333 BLUE SKYE DRIVE ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2515418 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33542 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CROSBY, RONALD E CP Street Address (P.O. Box Number is Not Acceptable) 39248 MAHER DR. ZEPHYRHILLS FL 33542 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE Change Addition Vice President MCDANIEL, DON NAME NAME VanWieren, Richard 39248 MAHER DR. STREET ADDRESS STREET ADDRESS 6327 Wealthy Ln. ZEPHYRHILLS FL 33542 CITY-ST-ZIP CITY-ST-ZIP Zephyrhills,FL. 33542 ☐ Delete TITLE ☐ Change ☐ Addition TITLE CROSBY, RONALD NAME NAME 39248 MAHER RD STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33540 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition JOHNSTONE, LEELAND E NAME NAME 6231 BALMY LN STREET ADORESS STREET ADDRESS CITY-ST-7IP ZEPHYRHILLS FL 33540 CITY-ST-ZIP X Delete TITLE TITLE Director ☐ Change Addition JORGENSEN, ANNE NAME NAME Kinsman, Constance 39240 NANIAN DR. STREET ADDRESS STREET ADDRESS 6253 Waterfront Ln. ZEPHYRHILLS FL 33542 CITY-ST-7IE CITY-ST-ZIP Zephyrhills,FL. 33542 TITLE ☐ Delete TITLE Change ☐ Addition Treasurer BUIRLEY, EVELYN NAME NAME Buitley, Evelyn 6235 PLEASURE LANE STREET ADDRESS STREET ADDRESS 6253 Pleasure Ln. ZEPHYRHILLS FL 33540 CITY-ST-ZIP CITY-ST-ZIP Zephyrhills,FL. 33542 Director TITLE X Change ☐ Delete ☐ Addition STREETER, NELSON NAME Streeter, Nelson NAME 6239 PARKSEND LANE 6239 Parksend Ln. STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33540 CITY-ST-ZIP CITY-ST-ZIP Zephyrhills,FL.33542

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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)(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. 2/23/2004 813-782-8270 SIGNATURE: