


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90232 023 \*\*\*\*61.25

<b>DOCUMENT # N02000001913</b>	
1. Entity Name <b>FIFTEEN HUNDRED PROPERTY OWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>1508 DICKMAN CIRCLE          SUN CITY CENTER, FL 33573-5328</b>	Mailing Address <b>1508 DICKMAN CIRCLE          SUN CITY CENTER, FL 33573-5328</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01082005 Chg-NP CR2E037 (10/03)

City & State	City & State	4. FEI Number <b>51-0474823</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**HINES, JAMES P JR.  
 315 S HYDE PARK AVE  
 TAMPA, FL 33606**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** 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) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AVISE, RICHARD R <input type="checkbox"/> Delete 1508 DICKMAN CIRCLE SUN CITY CENTER, FL 335735328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DIEDERICH, GENE <input type="checkbox"/> Delete 1508 DICKMAN CIRCLE SUN CITY CENTER, FL 335735328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GEBERT, RICHARD L <input checked="" type="checkbox"/> Delete 1508 DICKMAN CIRCLE SUN CITY CENTER, FL 335735328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Riggs, DIANE 1509 DICKMAN CIRCLE SUN CITY CENTER, FL 33573-5328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Richard R. Avise **PRESIDENT** 24 FEB 2005 813-633-8017  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Richard R. Avise*