

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002293

FILED
Apr 27, 2004
Secretary of State

Entity Name: OKAHUMPKA OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1801 S. KEENE RD.
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

1801 S. KEENE RD.
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 20-1050361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, JASON T
1801 S. KEENE RD.
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHITE, JAMES J
Address: 1801 S KEENE RD
City-St-Zip: HUNTSVILLE, TN 37756

Title: T () Delete
Name: BROWN, GREG
Address: 1801 S KEENE RD
City-St-Zip: HUNTSVILLE, TN 37756

Title: T () Delete
Name: BROWN, JARED
Address: 1801 S KEENE RD
City-St-Zip: HUNTSVILLE, TN 37756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES J WHITE

P

04/27/2004

Electronic Signature of Signing Officer or Director

Date