2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N02000002297



FILED Jan 07, 2004 8:00 am Secretary of State

01-07-2004 90030 007 ****61.25

	INC. INC. INC.	ITH HOMEOWNERS				
Principal Place of Business Mailing Address 5345 ORTEGA BLVD SUITE 7 5345 ORTEGA BLVD SUITE JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210					· ·	NIRI d i 1881
2. Principal P	lace of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052004 Chg-NP	CR2E037 (10/03)	
City & State		City & State		4. FEI Number APPLIED FOR	–	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New	Registered Agent	
WEDEKIND, LEE DUR			Name		عامير مصامعاته	- -
5345 ORTEGA BLVD SUITE 7 JACKSONVILLE, FL 32210			Street Addres	s (P.O. Box Number is Not Acceptab	le)	
			City		FL Zip Cod	e
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office or regis	tered agent, or both, in the State of F	lorida. I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent		 			
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature requ	ired when reinstating)	DATE	
					 	
v .	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Cam Trust Fund C			Make check payable to orida Department of St	
10.	_	Trust Fund C		+ -	orida Department of St	tate
10.	OFFICERS AND DIE	Trust Fund C	11.	Added to Fees Fic	orida Department of St	tate
10. TITLE NAME	OFFICERS AND DIE D WEDEKIND, LEE D JR	Trust Fund C	Ontribution.	Added to Fees Fic	orida Department of St ERS AND DIRECTORS IN	tate
10. TITLE NAME STREET ADDRESS	Due by May 1, 2004 OFFICERS AND DIF D WEDEKIND, LEE D JR 5345 ORTEGA BLVD	Trust Fund C	11. TITLE NAME STREET ADDRESS	Added to Fees Fic	orida Department of St ERS AND DIRECTORS IN	tate
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I nereby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(1), 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.

ORIGINAL SIGNED BY

SIGNATURE: JESWENCKEN LEE D. WEDEK

LEE D. WEDEKIND, JR.

1.5.04

904 388 0068

Daytime Phone #