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

changed, or on an attachment with an address,

SIGNATURE:

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # N02000003553 1. Entity Name 04-19-2004 90384 004 ****61.25 BOYETTE CREEK HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 1208 SOUTH MYRTLE AVE. 2880 SCHERER DRIVE STE 840 ST. PETERSBURG FL 33716 CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 75-3102800 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FELDMAN, DONNA J ESQ. Street Address (P.O. Box Number is Not Acceptable) 2650 MCCORMICK DR., STE. 100 CLEARWATER FL 33759 City 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. ☐ Change TITLE Delete TITLE Addition BYRD, ROBERT W 2502 N. ROCKY PT. DR #1050 NAME NAME 1208 SOUTH MYRTLE AVE. STREET ADDRESS STREET ADDRESS TAMPA, PL 33607 **CLEARWATER FL 33756** CITY-ST-7IP CITY-ST-ZIP JOHN RYAN Change Addition 2502 N. ROCKY POINT DRIVE TAMPA I-L 33607 #1050 Delete TITLE TITLE ☐ Addition BYRD, BRANT NAME NAME 1208 SOUTH MYRTLE AVE. STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33756** CITY-ST-ZIP CITY-ST-ZIP SD Delete TITLE TITLE Change Addition BYRD, BROOKS ROBERT CLANTON NAME. NAME 1208 SOUTH MYRTLE AVE. 2502 N. ROCKY POINT DR. #/WO TAMPA, FLY 33607 STREET ADDRESS STREET ADDRESS CLEARWATER FL 33756 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this films 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

other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #