2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006897

BRADY, JAMES C

FT LAUDERDALE, FL 33304

728 NE 5 AVE

Name:

Address:

City-St-Zip:

Entity Name: HAYWOOD ESTATES ASSOCIATION, INC.

FILED Apr 28, 2004 Secretary of State

Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
728 NE 5 AVE FT LAUDERDALE, FL 33304				816 SE 8TH STREET FT LAUDERDALE, FL 33316	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
728 NE 5 AVE FT LAUDERDALE, FL 33304			816 SE 8TH STREET FT LAUDERDALE, FL 3316		
FEI Number:	: 56-2327168	FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
VICKERY, CLARE 728 NE 5 AVE FT LAUDERDALE, FL 33304			816 SE 8TH STRI	VICKERY, CLARE 816 SE 8TH STREET FT LAUDERDALE, FL 33316	
	named entity e of Florida.	submits this statement for the	purpose of changing its regis	stered office or registered agent, or both,	
SIGNATURE:				04/28/2004	
	Electro	onic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VICKERY, CL 728 NE 5 AVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VICKERY, CL 728 NE 5 AVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VICKERY, RO 728 NE 5 AVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CLARE VICKERY D 04/28/2004