## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # N02000008571

1. Entity Name



## FILED Apr 13, 2004 8:00 am Secretary of State 04-13-2004 90008 002 \*\*\*\*61.25

WHITE O	AK TRAIL HOMEOWNERS	ASSOCIATION, INC							
Principal Place of Business 13400 SUTTON PARK DR. S. SUITE 1402 JACKSONVILLE, FL 32224 US		Mailing Address 13400 SUTTON PARK DR. S. SUITE 1402 JACKSONVILLE, FL 32224 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04092004 C	hg-NP	CR2E037	(10/03)	
City & State		City & State			4, FEI Number 06-166140	)6			plied Fo
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired		<b>8.75</b> Addi	
6. Name and Address of Current Registered Agent					7. Name and Add	tress of New Re	agistered Ag	ent	
DADDICL	CUDICTINA E		Na	Name					
PARRISH, CHRISTINA E 13400 SUTTON PARK DRIVE SOUTH SUITE 1402				Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE, FL 32224									
			Ci				FL	Zip Code	
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registered of	ice or registe	red agent, or both, in	n the State of Flo	rida. I am fai	miliar with,	and acc
		f i fand					vr		***
'SIGNATURE'	Signature; typed or printed name of registered agent			t signature requiré	d when reinstating)	The state of the s	DATE	*****	
· (4 - 3)						Tape representative	The second	7200 E CH	18K5 17,73
Filing Fee is \$61.25  Due by May 1, 2004  9. Election Campaign Trust Fund Contribu				cing )	\$5.00 May Be Added to Fees	Flori	ake check i ida Departn		
10	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHANG	SES TO OFFICER	RS AND DIRE	CTORS IN	
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CITY-ST-ZIP	13400 SUTTON PARK DR., S., #   JACKSONVILLE, FL 32224	1402	CITY-ST-Z	P TA	LKSonville	7/ 3	2220		
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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 informati 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

CICNIATUDE.

4-8-04

904-821-7171