2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# N03000001218

Entity Name: HUCKLEBERRY PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 5290
WINTER PARK, FL 32793

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 5290
WINTER PARK, FL 32793

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

INTERSTATE HOLDINGS, INC.
431 E. HERATIO AVENUE
SUITE 110
MAITLAND, FL 32751 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:	PD	( ) Delete
Name:	ASNANI, BHAGWAN	
Address:	POST OFFICE BOX 5290	
City-St-Zip:	WINTER PARK, FL 32793	
Title:	D	( ) Delete
Name:	HARTOG, RONALD	
Address:	709 E. COLONIAL DRIVE	
City-St-Zip:	ORLANDO, FL 32803	
Title:	D	( ) Delete
Name:	HARPER, STEPHEN	
Address:	721 SR 535	
City-St-Zip:	WINTER GARDENS, FL 34777	
Title:	TD	( ) Delete
Name:	DIMARCO, ATTILIO	
Address:	2164 DEER HOLLOW CIRCLE	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	V	( ) Delete
Name:	HARTOG, DONALD	
Address:	POST OFFICE BOX 5290	
City-St-Zip:	WINTER PARK, FL 32793	
Title:	S	( ) Delete
Name:	HARPER, LISA	
Address:	POST OFFICE BOX 5290	
City-St-Zip:	WINTER PARK, FL 32793	

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:	
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: B ASNANI PD 04/21/2004
Electronic Signature of Signing Officer or Director — Date