


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90465 046 ****61.25

DOCUMENT # N03000002435	
1. Entity Name GREATER DEFUNIAK SPRINGS COMMUNITY ASSOCIATION, INC.	

Principal Place of Business P. O. BOX 1756 DEFUNIAK SPRINGS, FL 32435	Mailing Address P. O. BOX 1756 DEFUNIAK SPRINGS, FL 32435
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24074033



2. Principal Place of Business 59 BAY AVE Suite, Apt. #, etc.	3. Mailing Address 59 BAY AVE Suite, Apt. #, etc.
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03262004 Chg-NP CR2E037 (10/03)

City & State DEFUNIAK SPRINGS	City & State DEFUNIAK SPRINGS
Zip 32435	Zip 32435
Country WALTON	Country WALTON

4. FEI Number 04-3746899	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HILLARD, JORDAN B 59 BAY AVE. DEFUNIAK SPRINGS, FL 32435	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILLARD, JORDAN B 59 BAY AVE. DEFUNIAK SPRINGS, FL 32435 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEVLIN, MARY L 155 COLLEGE AVE DEFUNIAK SPRINGS, FL 32435 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT WRIGHT, JANE 244 COLLEGE AVE. DEFUNIAK SPRINGS, FL 32435 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES WEEKLEY, WILMA 163 COLLEGE AVE DEFUNIAK SPRINGS, FL 32435 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCLEOD, VONCILLE 193 FLORENCE ST. DEFUNIAK SPRINGS, FL 32435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES WRIGHT, JANE 244 COLLEGE AVE DEFUNIAK SPRINGS, FL 32435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.	
SIGNATURE: <i>Jordan B. Hillard</i> JORDAN B. HILLARD	3/27/04 850-892-3450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	