

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90007 009 ****61.25

DOCUMENT # N03000003136			
1. Entity Name SOUTHFORK FOREST PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business 412 N.E. 16TH AVENUE GAINESVILLE, FL 32601		Mailing Address 412 N.E. 16TH AVENUE GAINESVILLE, FL 32601	
2. Principal Place of Business 4127 NW 27th Ln. Suite A Gainesville, FL 32606		3. Mailing Address PO Box 357845 Suite, Apt. #, etc. Gainesville, FL 32635	
4. FEI Number 57-1160657		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIES, LISA 412 N.E. 16TH AVENUE GAINESVILLE, FL 32601		7. Name and Address of New Registered Agent Name: Davies, Lisa Street Address (P.O. Box Number is Not Acceptable): 4127 NW 27th Ln, Ste A City: Gainesville, FL Zip Code: 32606	
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: <u>Lisa Davies</u>		SIGNATURE: <u>LISA DAVIES</u>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: MCDONALD, JANET I STREET ADDRESS: 412 N.E. 16TH AVENUE CITY-ST-ZIP: GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	TITLE: MCDONALD, JANET I NAME: MCDONALD, JANET I STREET ADDRESS: 4127 NW 27th Ln, Ste A CITY-ST-ZIP: Gainesville, FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: LEE, DENNIS G STREET ADDRESS: 412 N.E. 16TH AVENUE CITY-ST-ZIP: GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	TITLE: LEE, DENNIS G NAME: LEE, DENNIS G STREET ADDRESS: 4127 NW 27th Ln, Ste A CITY-ST-ZIP: Gainesville, FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: DAVIES, LISA STREET ADDRESS: 412 N.E. 16TH AVENUE CITY-ST-ZIP: GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	TITLE: DAVIES, LISA NAME: DAVIES, LISA STREET ADDRESS: 4127 NW 27th Ln, Ste A CITY-ST-ZIP: Gainesville, FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	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"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: <u>Janet L McDonald</u>		SIGNATURE: <u>Janet L McDonald</u>	
Date: <u>1/29/04</u>		Daytime Phone #: <u>352-334-1976</u>	