

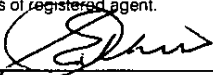
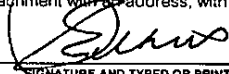


# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 MAR 18 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N03000003701</b> 1. Entity Name OLD COURTHOUSE SQUARE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2 SPRINGVIEW DRIVE CRAWFORDVILLE, FL 32327			Mailing Address 2 SPRINGVIEW DRIVE CRAWFORDVILLE, FL 32327		
2. Principal Place of Business 2628 Crawfordville Hwy Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.			
City & State Crawfordville FL		City & State ←		10132004 Chg-NP CR2E037 (10/03)	
Zip 32327		Country		4. FEI Number 20-0596136	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SUBER, BRAD 2 SPRINGVIEW DRIVE CRAWFORDVILLE, FL 32327			7. Name and Address of New Registered Agent Name: Jerry Evans Street Address (P.O. Box Number is Not Acceptable): 7885 South Creek Hwy City: Sapchoppy FL Zip Code: 32358		
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:  3/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUBER, BRAD 2 SPRINGVIEW DRIVE CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/D Jerry Evans 2628 Crawfordville Hwy Crawfordville FL 32327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUBER, TRACEY 2 SPRINGVIEW DRIVE CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/D Chris Foerst 3353 Barrow Hill Trail Tallahassee, FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANCH, CLAIRE 2 SPRINGVIEW DRIVE CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Amy Reiter, Sec/Treas/D 4C Old Courthouse Way Crawfordville, FL 32327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600049072406 03/24/05--01010--015 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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 my address, with all other like empowered.					
SIGNATURE:  3/15/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					