2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May $0\overline{6}$, 2004 8:00 am Secretary of State DOCUMENT # N03000007872 04-19-2004 90384 006 ****61.25 1. Entity Name FERN GLEN HOMEOWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business 3810 NORTHDALE BLVD STE 100 TAMPA FL 33624 8676169 3810 NORTHDALE BLVD STE 100 **TAMPA FL 33624** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 200232645 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'BRIEN, MATT Street Address (P.O. Box Number is Not Acceptable) 3810 NORTHDALE BLVD STE 100 TAMPA FL 33624 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 (NOTE: Registered Algent signature required when reinstating Signature, typed or brinted name of registored agent and title if applicable DATE Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May 8e 9. Election Campaign Financing Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Addition NOBLE, GARTH NAME NAME 3810 NORTHDALE BLVD STE 100 STREET ADDRESS STREET ADDRESS **TAMPA FL 33624** CITY-ST-ZIP CITY ST-7/P TITLE Delete TITLE Sb | □ Change Brian Mihdoch NEAL, SCOTT NAME NAME 3810 Northdale Blud. Ste 100 3810 NORTHDALE BLVD STE 100 STREET ADDRESS STREET ADDRESS TAMPA FL 33624 Tampa FL 33624 CITY - ST-ZIP CITY-ST-ZIP John Mazuchowski Delete TITLE TITLE PRINCE TORN NAME" NAME 38:0 Northdale Blod. ste 100 3810 NORTHDALE BLVD STE 100 STREET ADDRESS STREET ADDRESS TAMPA FL 33624 Tampa, FL_33624 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 triat 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:

FILED