2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State
07-19-2004 90005 037 ****70.00

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DOCUMENT # N03000008785

1. Entity Name
NEW STREET HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2000 SAXON BLVD DELTONA, FL 32725	2000 SAXON BLVD DELTONA, FL 32725

07152004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1202 Sacramento St.	1202 Sacramento St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deltona, FL	City & State: Deltona, FL
Zip: 32725 Country: USA	Zip: 32725 Country: USA

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCFARLANE, CAROL
2000 SAXON BLVD
DELTONA, FL 32725

7. Name and Address of New Registered Agent

Name: Natosha Quackenbush
Street Address (P.O. Box Number is Not Acceptable): 1202 Sacramento St.
City: Deltona FL Zip Code: 32725

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: Natosha Quackenbush 7/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	President John Porta 1390 W Portillo Dr Deltona, FL 32725	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Natosha Quackenbush 1988 Saxon Blvd. Deltona, FL 32725	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Carol McFarlane 522 N Orange Ave DeLand, FL 32720	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #