


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000009577 1. Entity Name FLORENTINE COMMUNITY HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 1400 MARSH LANDING PKWY STE 108 JACKSONVILLE BCH, FL 32250	Mailing Address 1400 MARSH LANDING PKWY STE 108 JACKSONVILLE BCH, FL 32250
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DO NOT WRITE IN THIS SPACE

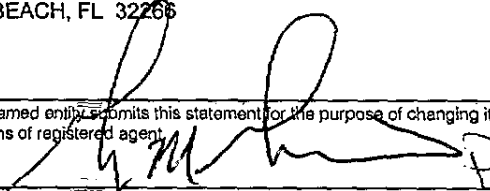


02012005 No Chg-NP CR2E037 (10/03)

4. FEI Number 16-1627358	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WALLACE, DENISE L 920 3RD ST., STE B NEPTUNE BEACH, FL 32266	DO NOT WRITE IN THIS SPACE
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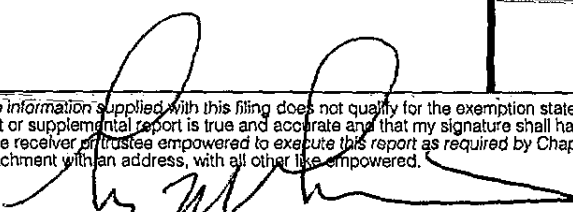
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	President <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE 3/7/05

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRISON, GARY 1400 MARSH LANDING PKWY STE 108 JACKSONVILLE BCH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT, TOM 1400 MARSH LANDING PKWY STE 108 JACKSONVILLE BCH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRABTREE, R.R. 1400 MARSH LANDING PKWY STE 108 JACKSONVILLE BCH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

UD00000256625
03/09/05-80022-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 3/7/05 Daytime Phone # 904-280-4315