2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009993

FILED Jul 01, 2004 Secretary of State

Entity Name: ABRAMS RIDGE FIRST ADDITION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	HIGHWAY 44	1		
SUITE A MT. DORA	A, FL 32757			
	Mailing Addre	cc'	New Mailing Address	e·
	•		New Mailing Address	3 .
SUITE A	HIGHWAY 44	1		
	A, FL 32757 r: 43-2034722	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
SUITE A	HIGHWAY 44 A, FL 32757 U			
	named entity		purpose of changing its registere	d office or registered agent, or both,
in the Stat	e named entity e of Florida.		purpose of changing its registere	d office or registered agent, or both,
in the Stat	e named entity e of Florida. RE:			d office or registered agent, or both, Date
in the Stat SIGNATU	e named entity e of Florida. RE:	submits this statement for the	ent	
in the Stat SIGNATU	e named entity e of Florida. RE: Electron S AND DIRECTOR PTD (BILLINGS, GE	submits this statement for the nic Signature of Registered Agerones: TORS: Delete ORGE H JR. HWAY 441, SUITE A	ent	Date
in the Stat SIGNATU OFFICER Title: Name: Address:	e named entity e of Florida. RE: Electron S AND DIRECT PTD (BILLINGS, GE- 18097 US HIGH MT. DORA, FL VSD (BIBLE, JAMES	submits this statement for the nic Signature of Registered Agerones: Delete ORGE H JR. HWAY 441, SUITE A 32757 Delete J HWAY 441, SUITE A	ent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE H. BILLINGS, JR. PTD 07/01/2004