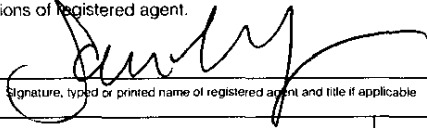
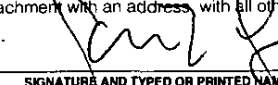


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90003 006 ****61.25

DOCUMENT # N05325 1. Entity Name HOWELL HARBOR ESTATES ASSOCIATION, INC.					
Principal Place of Business 1005 HOWELL HARBOR DR CASSELBERRY, FL 32707 US			Mailing Address PO BOX 181153 CASSELBERRY, FL 32718-1153 US		
2. Principal Place of Business 1054 HOWELL HARBOR DRIVE		3. Mailing Address Suite, Apt. #, etc.			
City & State CASSELBERRY, FL		City & State		4. FEI Number 59-2582764	
Zip 32707		Country		5. "Certificate of Status Desired" <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLEY, JAMES 1054 HOWELL HARBOR DRIVE CASSELBERRY, FL 32707				7. Name and Address of New Registered Agent Name COLEY, JAMES Street Address (P.O. Box Number is Not Acceptable) City FL 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  JAMES M. COLEY, PRESIDENT 1/12/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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					
TITLE	VPD HARKINS, KATHLEEN	<input checked="" type="checkbox"/> Delete	TITLE	VPD BETTY SPENCER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1040 HOWELL HARBOR DR		NAME	1013 HOWELL HARBOR DR.	
STREET ADDRESS	CASSELBERRY, FL 32707		STREET ADDRESS	CASSELBERRY, FL 32707	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	PD LEHMAN, MICHAEL	<input checked="" type="checkbox"/> Delete	TITLE	PD JAMES COLEY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1009 HOWELL HARBOR DRIVE		NAME	1054 HOWELL HARBOR DR.	
STREET ADDRESS	CASSELBERRY, FL 32707		STREET ADDRESS	CASSELBERRY, FL 32707	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S HOSNI, YASSER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1029 HOWELL HARBOR DR		NAME		
STREET ADDRESS	CASSELBERRY, FL 32707		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD MORRICAL, PAUL	<input checked="" type="checkbox"/> Delete	TITLE	TD KAREN GOLDSMITH	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1054 HOWELL HARBOR DRIVE		NAME	1033 HOWELL HARBOR DR.	
STREET ADDRESS	CASSELBERRY, FL 32707		STREET ADDRESS	CASSELBERRY, FL 32707	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:  JAMES M. COLEY, PRESIDENT 1/12/04 407-312-4887					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					