

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08173

**FILED**  
**Jun 27, 2004**  
**Secretary of State****Entity Name:** SHARPES FERRY HOME OWNERS, INC.**Current Principal Place of Business:**9901 SE HIGHWAY 314  
BOX 147  
SILVER SPRINGS, FL 34488 US**New Principal Place of Business:****Current Mailing Address:**9901 SE HIGHWAY 314  
BOX 147  
SILVER SPRINGS, FL 34488 US**New Mailing Address:****FEI Number:** 59-2765517 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MAYHUGH, JANET M  
9901 S.E. HWY 314  
BOX 147  
SILVER SPRINGS, FL 34488**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** ORLOSKY, RAY  
**Address:** 9901 SE HIGHWAY 314, BOX 178  
**City-St-Zip:** SILVER SPRINGS, FL 34488**Title:** VD ( ) Delete  
**Name:** MAYHUGH, MICKEY  
**Address:** 9901 SE HIGHWAY 314, BOX 131  
**City-St-Zip:** SILVER SPRINGS, FL 34488**Title:** TD ( ) Delete  
**Name:** CASBARIAN, ALAN  
**Address:** 9901 SE HIGHWAY 314, BOX 147  
**City-St-Zip:** SILVER SPRINGS, FL 34488**Title:** SD ( ) Delete  
**Name:** CASBARIAN, JOAN  
**Address:** 9901 SE HIGHWAY 314, BOX 147  
**City-St-Zip:** SILVER SPRINGS, FL 34488**Title:** D ( ) Delete  
**Name:** MATTHEWS, HOYT  
**Address:** 9901 SE HWY 314 BOX 135  
**City-St-Zip:** SILVER SPRINGS, FL 34488**Title:** D ( ) Delete  
**Name:** ORLOSKY, JUDY  
**Address:** 9901 SE HIGHWAY 314, BOX 178  
**City-St-Zip:** SILVER SPRINGS, FL 34488**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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: JOAN E. CASBARIAN

SD

06/27/2004

Electronic Signature of Signing Officer or Director

Date