

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2004
Secretary of State**

DOCUMENT# N10247

Entity Name: MARWOOD OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

MARWOOD OWNERS ASS
5501 RATTLESNAKE HMK DR
NAPLES, FL 34113 US

New Principal Place of Business:

5501 RATTLESNAKE HMK DR
NAPLES, FL 34113 US

Current Mailing Address:

P O BOX 9709
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 59-2563308 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, STEPHEN P
COLLIER FINANCIAL INC
4985 E TAMiami TRL
NAPLES, FL 34113 US

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: BROWN, ALAN
Address: 5501 RATTLESNAKE HMK #205
City-St-Zip: NAPLES, FL 34113

Title: TD () Delete
Name: BROWN, DENISE
Address: 5501 RATTLESNAKE HMK DR #205
City-St-Zip: NAPLES, FL 34113

Title: SD () Delete
Name: FORD, BETTY
Address: 5501 RATTLESNAKE HMK #201
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: COX, WILLIAM
Address: 3 TRAILRIDGE LANE
City-St-Zip: SPRINGFIELD, IL 627041035

Title: VPD () Delete
Name: CRAWFORD, LORETTA
Address: 5501 RATTLESNAKE HMK #106
City-St-Zip: NAPLES, FL 34113

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: D (X) Change () Addition
Name: HAMILTON, PRISCILLA
Address: 5501 RATTLESNAKE HMK #101
City-St-Zip: NAPLES, FL 34113

Title: VPD (X) Change () Addition
Name: BRYANT, JEAN
Address: 5501 RATTLESNAKE HMK #206
City-St-Zip: NAPLES, FL 34113

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: ALAN BROWN

PD

04/26/2004

Electronic Signature of Signing Officer or Director

_____ Date