

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 05, 2004
Secretary of State**

DOCUMENT# N14125

Entity Name: NEALLEY BUSINESS VILLAGE OWNERS' ASSOCIATION, IN

Current Principal Place of Business:

LYNN DRIVE
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1247
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 59-2869688 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STENBERG, CYNTHIA T
56 SPIRES LANE UNIT 17A
SANTA ROSA BEACH, FL 32459 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: BRYANT, GARY
Address: 111 LYNN DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VPD () Delete
Name: KENNEDY, JACK
Address: PO BOX 1204
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: TD () Delete
Name: HOLLOWAY, JIMBO
Address: 46 OYSTER LAKE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: SD () Delete
Name: TANNER, JIM
Address: 1497 E NURSERY ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: CASEY, KERIN
Address: 182 LYNN DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

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:

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: JIMBO HOLLOWAY

TREA

03/05/2004

Electronic Signature of Signing Officer or Director

Date