2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N15610



Aug 18, 2004 8:00 am Secretary of State 08-18-2004 90001 025 ****61.25

ASSOCIATION, INC.	EENS HOMEOWNERS		
Principal Place of Business C/O TREASURER 6000 NW 94TH AVE TAMARAC, FL 33321	Mailing Address C/O TREASURER 6000 NW 94TH AVE TAMARAC, FL 33321		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		07122004 Chg-NP CR2E037 (10/03)
City & State	City & State		4. FEI Number Applied For 59-2773626 Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired
6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
KOLLET, MARIAN J		- Name R	SAUE TELLER
6000 NW 94 AVE FORT LAUDERDALE, FL 33321		Street Add	ress (P.O. Box Number is Not Acceptable)
		TAN	MARAC FC 33321
		City	FL Zip Code
The above named entity submits this statement the obligations of registered agent.	for the purpose of changing its r	registered office or	registered agent, or both the State of Florida. I am familiar with, and accept
RosinTell	7 ₋		0/-1-4
SIGNATURESignature, typed or printed name of registered agent	Connec	egistered Agent signature re	equire((when reinstating) DATE
SIGNATURE	Connec	egistered Agent signature re paign Financing	\$5.00 May Be Make check payable to
SIGNATURE Signature, typed or printed name of registered agent Filling Fee is \$61.25	9. Election Camp Trust Fund Col	egistered Agent signature re Daign Financing	\$5.00 May Be Make check payable to
SIGNATURE Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by September 8, 2004	9. Election Camp Trust Fund Col	paign Financing ntribution.	\$5.00 May Be Added to Fees
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Filing Fee is \$61.25 Due by September 8, 2004 10. OFFICERS AND D TITLE TD NAME KOLLETT, MARIAN STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321	9. Election Camp Trust Fund Col	paign Financing ntribution. 11. THE TRUE NAME STREET ADDRESS CITY-ST-ZIP	S 5.00 May Be Added to Fees
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (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 at 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; at 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:

osali Teller

ROSALIE TELLER

954 720-8958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # .