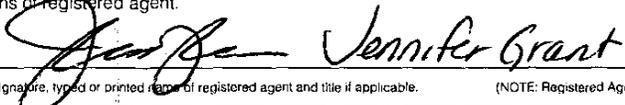
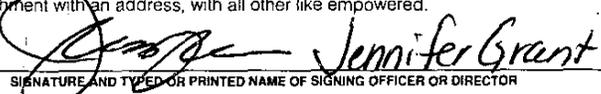


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90111 030 ****61.25

DOCUMENT # N19069					
1. Entity Name FERRELL FOREST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 266 FOREST RD. HAVANA FL 32333		Mailing Address 266 FOREST RD. HAVANA FL 32333			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3031809	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GRANT, JENNIFER F 266 FOREST RD. HAVANA FL 32333			7. Name and Address of New Registered Agent Name 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 		JENNIFER GRANT		DATE 4/30/04	
FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARNER, RONALD		NAME		
STREET ADDRESS	191 FOREST RD		STREET ADDRESS		
CITY-ST-ZIP	HAVANA FL 32333		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRIDGES, MICHELLE		NAME		
STREET ADDRESS	421 FOREST RD		STREET ADDRESS		
CITY-ST-ZIP	HAVANA FL 32333		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRANT, JENNIFER		NAME		
STREET ADDRESS	266 FOREST RD		STREET ADDRESS		
CITY-ST-ZIP	HAVANA FL 32333		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		
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: 		JENNIFER GRANT		DATE 4/30/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 575243	

44040014



MOORE CR2E037 (11/03)