

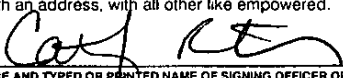


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90308 024 ****61.25

DOCUMENT # N26112 1. Entity Name RUSS LAKE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O GARY B. THURMAN HIGHWAY 90 WEST CHIPLEY, FL 32428			Mailing Address C/O CATHY REGISTER P.O. BOX 703 CHIPLEY, FL 32428		
2. Principal Place of Business 1992 Tri County Airport Rd		3. Mailing Address Suite, Apt. #, etc. PO Box 1111			
Suite, Apt. #, etc. City & State Bonifay FL		Suite, Apt. #, etc. City & State Bonifay FL		4. FEI Number 59-2964181	
Zip 32425		Country Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REGISTER, CATHY RT 2 BOX 377 BONIFAY, FL 32428				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	POFD REGISTER, CATHY P.O. BOX 703 PO Box 1111 CHIPLEY, FL 32428 Bonifay FL 32425		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REGISTER, MARK RT 2 BOX 377R BONIFAY, FL 32425		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORRELS, MELINDA 3555 SEMINOLE LN. BONIFAY, FL 32425		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METZ, SAM 2024 TRICOUNTY AIRPORT RD. BONIFAY, FL 32425		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D Lbri Jernigan 3544 Seminole Lane Bonifay FL 32425		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D Terry Taylor 3540 Seminole Lane Bonifay FL 32425		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: 4/25/05 Daytime Phone #: 850 547-1040		