
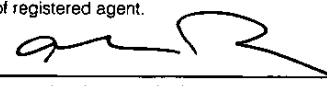
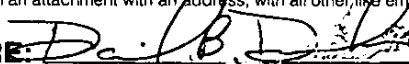


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90090 033 ****70.00

DOCUMENT # N29246 1. Entity Name ASSOCIATION OF VILLAGES OF FIRESIDE, INC.					
Principal Place of Business 1732 KINGSLEY AVE STE 202 ORANGE PARK, FL 32073 US			Mailing Address 1732 KINGSLEY AVE STE 202 ORANGE PARK, FL 32073 US		
2. Principal Place of Business Suite, Apt. #, etc. Professional Community Mgt. Inc. 786 Blanding Blvd. #118 Orange Park, FL 32065			3. Mailing Address Suite, Apt. # Professional Community Mgt. Inc. 786 Blanding Blvd. #118 Orange Park, FL 32065		
City Orange Park			City Orange Park		
Zip 32065			Zip 32065		
Country US			Country US		
4. FEI Number 59-2916816			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PERRY, ALAN 1732 KINGSLEY AVE STE 202 ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent Name Alan Perry Street Address (P.O. Box) 786 Blanding Blvd. #118 City Orange Park, FL 32065		
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  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		
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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, WES <input type="checkbox"/> Delete 2535 MOON HARBOR WAY MIDDLEBURG, FL 32068				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BURGESS, DONNA <input type="checkbox"/> Delete 3135 FIELDCREST MIDDLEBURG, FL 32068				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RAYMOND, ROBERT <input checked="" type="checkbox"/> Delete 2536 MOON HARBOR WAY MIDDLEBURG, FL 32068				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DABBERT, EDWARD <input checked="" type="checkbox"/> Delete 3420 CHIMNEY DR. MIDDLEBURG, FL 32068				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCOTT, SHEILA <input checked="" type="checkbox"/> Delete 3376 CHIMNEY DR. MIDDLEBURG, FL 32068				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRANOUGH, EUGENE <input checked="" type="checkbox"/> Delete 2504 MOON HARBOR WAY MIDDLEBURG, FL 32068				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
DV Jeff Miller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3175 Fieldcrest Dr. Middleburg, FL 32068					
D William Barnard <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3196 Chimney Dr. Middleburg, FL 32068					
DT John Duncan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3421 Chimney Dr. Middleburg, FL 32068					
DP David Durocher <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2595 Spring Meadows Dr. Middleburg, FL 32068					
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  SIGNATURE AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 7/1/2005 Daytime Phone # 904-298-2721					

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