2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90236 032 ****61.25

1. Entity Nam	MEN I # N30503 OM UNIT 2 HOMEOWNE	RS' ASSC	OCIATION,					04-20	8-2004 90	230 032	. 01	23
7085 OX BOW RD 7085			ailing Address 085 OX BOW RD ALLAHASSEE, FL 32312 US									
2. Principal Place of Business		3. Mailin	3. Mailing Address									
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				04192004	Chg-NP	CR2E	037 (10/0	3)	
City & State		City	City & State				4. FEI Numbe 59-2978				Applied Fo	$\overline{}$
Zip	Country	Zip	Country		ntry		5. Certificate	of Status Desire	ed 🗆	\$8.75 Fee Req	Additional uired	_
	6. Name and Address of Curren	it Registered	Agent					Address of Ne		d Agent		
WESTER,	GERALD C		** = ·***	-	· Name		اک به با مع	لليهارينها يها-		· - ·		. ,
7085 OX B	BOW RD SSEE, FL 32312				Street Ac	idress (F	P.O. Box Numbe	er is Not Accept	table)	,		
					City				F	Zip (ode	
9 The shows	named entity submits this statement	for the purpo	as of shanging its		d office or	raciatar	ad agant or has	h in the Ctate o				
	ions of registered agent.	, . ,	oc or crianging ite			J						ept
SIGNATURE .	ions of registered agent. Signature, typed or printed name of registered age		cable. (NOT	FE: Registered	Agent signatur	re required	when reinstaling)		DATE			ept
J	ions of registered agent.			re: Registered mpaign Fi	Agent signatur	re required	when reinstating) \$5.00 May B Added to Fees	e I	DATE Make che Florida Depa	ck payabl		ept
J	Signature, typed or printed name of registered age	and title if applic	sable. (NOT 9. Election Cal Trust Fund I	re: Registered mpaign Fi	Agent signatur	re required	\$5.00 May B Added to Fees		Make che Florida Depa	ck payabl artment o	S IN 10	ept
SIGNATURE .	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2004	and title if applic	9. Election Cal	re: Registered rmpaign Fi Contributi 11. IITLE NAME STREE	Agent signaturnancing	Pre Pad	\$5.00 May B Added to Fees ADDITIONS/CHA SIDENT IDENT	abin ci	Make che Florida Depa FICERS AND D	ck payabl artment o	S IN 10	
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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)(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 receiverfor 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 any address with all other like empowered.

SIGNATURE:

-Gerald C. Wester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2004 850-222-9075