2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N30610

1. Entity Name
SOLITH MOON LINDER PROPERTY OWNERS



FILED Apr 13, 2004 8:00 am Secretary of State

04-13-2004 90032 028 ****61.25

ASSOCIA	ATION, INC.		Litto							
696 FISCHER DRIVE		696	Malling Address 696 FISCHER DRIVE SEBASTIAN, FL 32958					34 00	1913	
,										
2. Principal Place of Business		3. Mai	3. Mailing Address							
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			02222004 Ct	ng-NP	CR2E03	7 (10/03)	
City & State		Ci	City & State			4. FEI Number 59-316530	6	· · · · · · · · · · · · · · · · · · ·	—	optied For ot Applicable
Zip	Country	Zij	Р	Cou	ntry	5. Certificate of St	atus Desired		\$8.75 Add	ditional
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Curre	nt Registere	ed Agent			7. Name and Add	ress of New			
MASTERS, HOWARD					Name					
726 N FISCHER CIR SEBASTIAN, FL 32958			Street Addres		Street Address	(P.O. Box Number is 1	Not Acceptab	le)	··.	
				·	City				Zip Cod	
<u></u>					•			FL	· '	
	e named entity submits this statement tions of registered agent.	for the purp	ose of changing its re	egistere	ed office or registe	red agent, or both, in	the State of F	lorida. I am f	amiliar with,	and accept
							į			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aign					d Agent aignature require	d when reinstating)	<u> </u>	DATE		
Filing Fee is \$61.25 9. Election Co				paign Fi	inancing	\$5.00 May Be		Make check	pavable t	D
Due by May 1, 2004			Trust Fund Contribution.							
	Due by may 1, 2004		Trust Fund Co	ntributi	on. 🗀	Added to Fees	Fla	rida Depart	ment of S	late .
10.	OFFICERS AND	DIRECTORS		11.		Added to Fees ADDITIONS/CHANGS			RECTORS IN	1 10
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	OFFICERS AND	DIRECTORS		11. TITLE	:				RECTORS IN	1 10
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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: Howard Masters Howard SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #