



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N31241</b> 1. Entity Name <b>SPORTSMAN'S PARADISE EAST ACRES PROPERTY OWNERS' ASSOCIATION, INC.</b>						<b>FILED</b> <b>04 APR 30 PM 2:25</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>7111 LADY HAWK LANE</b> <b>TALLAHASSEE, FL 32309 US</b>				Mailing Address <b>7111 LADY HAWK LANE</b> <b>TALLAHASSEE, FL 32309 US</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>KELLEY, MARILYN N</b> <b>7120 LADY HAWK LN</b> <b>TALLAHASSEE, FL 32309</b>				Name <i>Marilyn N. Kelley</i>			
				Street Address (P.O. Box Number is Not Acceptable) <i>7128 Lady Hawk Lane</i>			
				City <i>Tallahassee</i> <b>FL</b> Zip Code <i>32309</i>			
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 <i>Marilyn N. Kelley</i>				DATE <i>4-29-04</i>			
Filing 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			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>KELLEY, MARILYN</b> <b>7120 LADY HAWK LN</b> <b>TALLAHASSEE, FL 32309</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <b>Kelley, Marilyn N.</b> <b>7128 Lady Hawk Lane</b> <b>Tallahassee FL 32309</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>PICKERING, DONNA</b> <b>7039 BACKSKIN ROAD</b> <b>TALLAHASSEE, FL 32309</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <b>Pickering, Donna</b> <b>7039 Buck Skin Rd</b> <b>Tallahassee, FL 32309</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BOYD, DANA</b> <b>7100 LATE AUTUMN LANE</b> <b>TALLAHASSEE, FL 32309</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <b>Johnson, Stephanie</b> <b>12732 Late Autumn Lane</b> <b>Tallahassee, FL 32309</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <b>McKiernan, Kim</b> <b>12724 Late Autumn Lane</b> <b>Tallahassee, FL 32309</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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: <i>Marilyn N. Kelley</i>				Date: <i>4-29-04</i> Daytime Phone #: <i>668-9317</i>			