

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31241

FILED
Apr 14, 2005
Secretary of State

Entity Name: SPORTSMAN'S PARADISE EAST ACRES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

7111 LADY HAWK LANE
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

7111 LADY HAWK LANE
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: 04-1302695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLEY, MARILYN N
7128 LADY HAWK LN
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

JOHNSON, STEPHANIE T
12732 LATE AUTUMN LANE
TALLAHASSEE, FL 32309 US

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.

SIGNATURE: STEPHANIE JOHNSON

04/14/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KELLEY, MARILYN
Address: 7128 LADY HAWK LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP () Delete
Name: PICKERING, DONNA
Address: 7039 BUCK SKIN ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: T () Delete
Name: JOHNSON, STEPHANIE
Address: 12732 LATE AUTUMN LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: S () Delete
Name: MCKIERNAN, KIM
Address: 12724 LATE AUTUMN LANE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WEEKS, JENNIFER
Address: 7013 BUCKSKIN ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP (X) Change () Addition
Name: MCKIERNAN, KIM
Address: 12724 LATE AUTUMN LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: JOHNSON, STEPHANIE
Address: 12732 LATE AUTUMN LANE
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE JOHNSON

T/S

04/14/2005

Electronic Signature of Signing Officer or Director

Date