

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33694

FILED
May 18, 2004
Secretary of State**Entity Name:** PUTNAM MANUFACTURED HOUSING ASSOCIATION, INC.**Current Principal Place of Business:**290 SOUTH HIGHWAY #17
EAST PALATKA, FL 32131 US**New Principal Place of Business:****Current Mailing Address:**290 SOUTH HIGHWAY #17
EAST PALATKA, FL 32131 US**New Mailing Address:****FEI Number:** 59-3004607**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ALVEREZ, COY
259 RIVER DR. E.
EAST PALATKA, FL 32131 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: WILKINSON, BEN,
Address: PALMETTO BLUFF ROAD
City-St-Zip: BOSTWICK, FL**Title:** STD () Delete
Name: LAKE, ROBERT A.,
Address: IDLEWOOD DRIVE
City-St-Zip: POMONA PARK, FL**Title:** D () Delete
Name: ALVAREZ, COY,
Address: 259 RIVER DRIVE
City-St-Zip: EAST PALATKA, FL**Title:** D () Delete
Name: BYRD, WILLIAM,
Address: U.S. 17 SOUTH
City-St-Zip: SAN MATEO, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT A. LAKE

STD

05/18/2004

Electronic Signature of Signing Officer or Director

Date