2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 20, 2004 8:00 am Secretary of State

02-20-2004 90018 038 ****61.25

DOCUMENT # N34754

1. Entity Name



CAMBRIDGE AT WYCLIFFE HOMEOWNERS' ASSOCIATION, INC.											
G.R.S MANAGEMENT ASSOCIATES, INC. G. 3900 WOODLAKE BLVD, STE. 201 39				ailing Address i.r.s management associates, Inc. 1900 Woodlake Blvd, Ste. 201 AKE Worth, FL 33463 US			94018714				
2. Principal Place of Business			3. Mailin	3. Mailing Address							
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			01142004 C	hg-NP	CR2E00	37 (10/03)	
City & State			City	City & State ,			4. FEI Number Applied For 65-0284510 Not Applied be				
Zip		Country	Zip		Соц	untry	5. Certificate of S	tatus Desired		\$8.75 Add	
6. Name and Address of Current Registered Ag				Agent .	•		7. Name and Add	dress of New	Registered A	Agent	
OT 10111						Name					
ST-JOHN, CORE, PA 1601 FORUM PLACE, STE 701 WEST PALM BEACH, FL 33401					·	Street Address (P.O. Sox Number is Not Acceptable) - 300 - 3					
	LIN DO TON	1,12 00401					•				
				Cit			FL Zip Code				
8. The above the obliga	e named entity ations of registe	submits this statemen ered agent.	t for the purpo	se of changing its	s register	ed office or register	red agent, or both, ir	the State of F	lorida. I am	familiar with,	and accept
SIGNATURE											
SIGNATURE		or printed name of registered aç	gent and title if appli	cable. (NOT	E: Registere	ad Agent signature required	d when reinstating)		DATE		
SIGNATURE	Signature, typed o	e is \$61.25	gent and title if appli	eable. (NOT	, mpaign F	Financing	\$5.00 May Be		DATE Make checlorida:Depar		
SIGNATURE	Signature, typed o	e is \$61.25 ay 1, 2004		9. Election Car	mpaign F Contribut	Financing tion.	\$5.00 May Be Added to Fees	Flo	Make check orida Depar	tment of S	tate
	Signature, typed o	e is \$61.25		9. Election Car Trust Fund	mpaign F Contribut	Financing tition.	\$5.00 May Be	Flo	Make check orida Depar	tment of S	tate
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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 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.

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

561-641-363