


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N37905
 1. Entity Name
 FELLWOOD ESTATES ASSOCIATION OF OWNERS, INC.



Principal Place of Business
 2800 FELLWOOD LANE
 MELBOURNE, FL 32904

Mailing Address
 2800 FELLWOOD LANE
 MELBOURNE, FL 32904

DO NOT WRITE IN THIS SPACE



03082004 No Chg-NP CR2E037 (10/03)

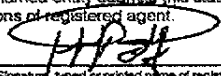
4. FEI Number
 59-3243783 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent
 PATEL, HANK
 2800 FELLWOOD LANE
 MELBOURNE, FL 32904

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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:  DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHAPMAN, DAN 2805 FELLWOOD LANE MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SILVER, SANDI 2725 FELLWOOD LANE MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PATEL, HANK H 2800 FELLWOOD LANE MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/11/04-80051-018 61.25

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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)(f), 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:  HANK PATEL Date: 3/9/04 Daytime Phone #: 321-728-2693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR