


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
2800 FELLWOOD LANE 2800 FELLWOOD LANE
MELBOURNE, FL 32904 MELBOURNE, FL 32904



DO NOT WRITE IN THIS SPACE

04172005 No Chg-NP CR2E037 (10/03)

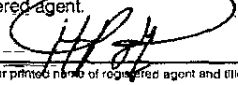
4. FEI Number 59-3243783	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, HANK
2800 FELLWOOD LANE
MELBOURNE, FL 32904

**DO NOT WRITE
IN THIS SPACE**

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:  Treasurer 4/18/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when testating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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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04/20/05-80038-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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:  Treasurer 4/18/05 321-728-2698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #