
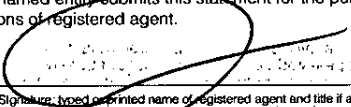



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90009 040 ****61.25

DOCUMENT # N41105 1. Entity Name INTERSTATE FARMS PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business C/O JANET L MCDONALD 412 NE 16TH AVE GAINESVILLE, FL 32601 US		Mailing Address C/O JANET L MCDONALD 412 NE 16TH AVE GAINESVILLE, FL 32601 US	
2. Principal Place of Business 4127 NW 27th Ln. Suite A		3. Mailing Address PO Box 357845	
City & State Gainesville FL		City & State Gainesville FL	
Zip 32606 USA		Zip 32635 USA	
4. FEI Number 59-3041185		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCDONALD, JANET L 412 NE 16TH AVE GAINESVILLE, FL 32601		7. Name and Address of New Registered Agent Name McDonald Janet L Street Address (P.O. Box Number is Not Acceptable) 4127 NW 27th Ln, Suite A City Gainesville FL Zip Code 32606	
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  Janet L. McDonald / 1/29/04 (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME MCDONALD, JANET L STREET ADDRESS 412 NE 16TH AVE CITY-ST-ZIP GAINESVILLE, FL	<input type="checkbox"/> Delete	TITLE PD NAME McDonald Janet L STREET ADDRESS 4127 NW 27th Ln, Suite A CITY-ST-ZIP Gainesville FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME DAVIES, LISA STORY STREET ADDRESS 412 NE 16TH AVE CITY-ST-ZIP GAINESVILLE, FL	<input type="checkbox"/> Delete	TITLE STD NAME Daves, Lisa STREET ADDRESS 4127 NW 27th Ln, Suite A CITY-ST-ZIP Gainesville FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME LEE, DENNIS STREET ADDRESS 412 NE 16 AVE CITY-ST-ZIP GAINESVILLE, FL	<input type="checkbox"/> Delete	TITLE VD NAME Lee, Dennis STREET ADDRESS 4127 NW 27th Ln CITY-ST-ZIP Gainesville FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: 		Janet L. McDonald / 1/29/04 352-334-1976 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	