

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90267 010 \*\*\*\*61.25

<b>DOCUMENT # N42102</b>			
1. Entity Name AUBURN ACRES HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 1333 OAK POINT CT. VENICE, FL 34292 US		Mailing Address 1333 OAK POINT CT. VENICE, FL 34292 US	
2. Principal Place of Business <i>1329 OAK Point CT</i>		3. Mailing Address <i>1329 OAK Point CT</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>VENICE FL</i>		City & State <i>VENICE FL</i>	
4. FEI Number 65-0424276		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 MUTER, JOSEPH J 1333 OAK POINT COURT VENICE, FL 34292		7. Name and Address of New Registered Agent Name <i>GARY HENDRICKSON</i> Street Address (P.O. Box Number is Not Acceptable) <i>1329 OAK POINT CT</i> City <i>VENICE</i> FL Zip Code <i>34292</i>	
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 <i>Mary Hendricksen</i> DATE <i>4/10/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HENDRICKSON, GARY 1329 OAK POINT CT VENICE, FL 34292 <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	DS PILCH, DOUGLAS 1325 OAK POINT CT VENICE, FL 34292 <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	DV LEAKE, JAMES 1321 OAK POINT CT VENICE, FL 34292 <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	DT MUTER, JOSEPH J 1333 OAK POINT CT VENICE, FL 34292 <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	DP MARTINEAU, CINDY 1338 OAK POINT CT VENICE, FL 34292 <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	DV MOORE, JAMES 1320 OAK POINT CT VENICE, FL 34292 <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: <i>Mary Hendricksen</i>			