

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Sep 22, 2004
Secretary of State**

DOCUMENT# N42684

Entity Name: THE COMMUNITIES OF EAST ARLINGTON, INC.

Current Principal Place of Business:

New Principal Place of Business:

P.O. BOX 350363
JACKSONVILLE, FL 32235 US

Current Mailing Address:

New Mailing Address:

P.O. BOX 350363
JACKSONVILLE, FL 32235 US

FEI Number: 59-3052066 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCDERMOTT, JOHN
1786 HIGH BROOK COURT
JACKSONVILLE, FL 322254501 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCDERMOTT, JOHN
Address: 1786 HIGH BROOK COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD () Delete
Name: WAUGAMAN, SONDR
Address: 7639 N RAIN FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32227

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Delete
Name: SCHIRADO, CAROL
Address: 1345 GATELY ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Delete
Name: WARREN, ANDY
Address: 2085 DERRINGER ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: HAWKINS, LAD
Address: 1924 HOLLY OAKS LANE RD W
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: MURPHY, JOHN
Address: 11480 SWEET CHERRY LN S
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MURPHY

D

09/22/2004

Electronic Signature of Signing Officer or Director

_____ Date