

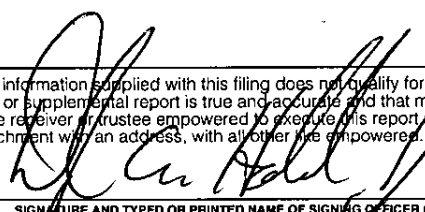


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90261 050 ****61.25

DOCUMENT # N44231 1. Entity Name HENDRICKS SITE PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 1025 N. FEDERAL HWY LAKE PARK, FL 33403			Mailing Address 1025 N. FEDERAL HWY LAKE PARK, FL 33403		
2. Principal Place of Business 217 Peruvian Avenue Suite, Apt. #, etc. Suite 2 City & State Palm Beach, FL Zip 33480 Country USA		3. Mailing Address 217 Peruvian Avenue Suite, Apt. #, etc. Suite 2 City & State Palm Beach, FL Zip 33480 Country USA		24053299 	
4. FEI Number 65-0423111				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 HOLDER, DOUGLAS A JR 1025 N FED HWY LAKE PARK, FL 33403			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	PART <input type="checkbox"/> Delete HOLDER, DOUGLAS A JR 1025 N FEDERAL HWY LAKE PARK, FL 33403		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 217 Peruvian Avenue, Suite 2 Palm Beach, FL 33480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PART <input type="checkbox"/> Delete WATTS, LARRY V 540 POWDER SPRINGS ST., SUITE 27-E MARIETTA, GA 30064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete GOOSENS, ROBERT J.P. 2800 BROADWAY RIVIERA BEACH, FL 33404		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PART <input type="checkbox"/> Delete WRIGHT, JERRY 1230 FAIRVIEW LN RIVIERA BEACH, FL 33404		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	
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 fee empowered.					
SIGNATURE:  Douglas A. Holder, Jr. 4/20/04 561-805-7660 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					