2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State
02-02-2004 90016 040 ****61.25

DOCUMENT # N45632

1. Entity Name
HYLAND FARMS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1477 DADE CITY, FL 33526	P.O. BOX 1477 DADE CITY, FL 33526

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01232004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3107851 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CENDAN, MIGUEL A 17610 HYLAND LANE DADE CITY, FL 33523	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD FOOTE, JEFF 17433 HYLAND LANE DADE CITY, FL 33523	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAY, JEFF 17622 PINE KNOLL DRIVE DADE CITY, FL 33523	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CENDAN, MIGUEL A 17610 HYLAND LANE DADE CITY, FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAY, JEFF 17622 PINE KNOLL DRIVE DADE CITY, FL 33523	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STUART STUBBINS 35121 HEARTLAND DRIVE DADE CITY, FL. 33523	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MAHOULICH, MICHAEL 17438 PINE KNOLL DRIVE DADE CITY, FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLIFORD, MARY 17815 HYLAND LANE DADE CITY, FL 33523	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JEANETTE BAXTER 17705 HYLAND LANE DADE CITY, FL 33523	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: M.A Cendan MIGUEL A. CENDAN TD 01-26-04 (352)521-7118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #