## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like

SIGNATURE: \_

## Mar 30, 2004 8:00 am Secretary of State DOCUMENT # N46565 1. Entity Name 03-30-2004 90010 008 \*\*\*\*61.25 PONDEROSA ESTATES HOME OWNER'S ASSOCIATION. INC. Mailing Address Principal Place of Business 18621 SE 18TH ST SILVER SPRINGS FL 34488 18621 SE 18TH ST SILVER SPRINGS FL 34488 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For 4. FEI Number City & State City & State 59-3180061 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GEARHART, THEODORE Street Address (P.O. Box Number is Not Acceptable) 18621 SE 18TH ST SILVER SPRINGS FL 34488 City 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be П Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change TITLE ☐ Addition TITLE ☐ Delete HEAD, THOMAS NAME NAME 18656 SE 18TH STREET STREET ADDRESS STREET ADDRESS SILVER SPRINGS FL 34488 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE GWINN, NATHANEL NAME **18548 SE 19TH STREET** STREET ADDRESS STREET ADDRESS SILVER SPRINGS FL 34488 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete Change GEARHART, THEODOR NAME NAME 18624 SE 18TH STREET STREET ADDRESS STREET ADDRESS SILVER SPRINGS FL 34488 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE GEARHART, DOLORES NAME 18621 SE 18TH STREET STREET ADDRESS STREET ADDRESS SILVER SPRINGS FL 34488 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE SHOLETTE, STANLEY NAME NAME 1820 SE 187TH STREET ADDRESS STREET ADDRESS SILVER SPRINGS FL 34488 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete DRYDEN, EDNA NAME NAME 18671 SE 18TH ST STREET ADDRESS STREET ADDRESS SILVER SPRINGS FL 34488 CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

empowered.

FILED

Daytime Phone #