

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

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90066 049 \*\*\*\*61.25

**DOCUMENT # N49629**

1. Entity Name

APPALOOSA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

2840 VALKYRY WAY  
CANTONMENT FL 32533  
US

Mailing Address

2840 VALKYRY WAY  
CANTONMENT FL 32533  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3195210

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

MCLAUGHLIN, ROBERT R.  
2811 VALKYRY WAY  
CANTONMENT FL 32533

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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 PD ☒ Delete  
NAME DREW, JOHN  
STREET ADDRESS 2894 VALKYRY WAY  
CITY-ST-ZIP CANTONMENT FL 32533

TITLE PD ☒ Change ☐ Addition  
NAME MICHAEL MCAFEE  
STREET ADDRESS 2860 VALKYRY WAY  
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE TSD ☐ Delete  
NAME BRAY, HERMAN  
STREET ADDRESS 2840 VALKYRY WAY  
CITY-ST-ZIP CANTONMENT FL 32533

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME DREW, JOHN  
STREET ADDRESS 2894 VALKYRY WAY  
CITY-ST-ZIP CANTONMENT FL 32533

TITLE D ☒ Change ☐ Addition  
NAME DREW, JOHN  
STREET ADDRESS 2894 VALKYRY WAY  
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE VD ☐ Delete  
NAME CRENSHAW, MICHAEL  
STREET ADDRESS 2830 VALKYRY WAY  
CITY-ST-ZIP CANTONMENT FL 32533

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 612, 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:** Herman K. Bray (HERMAN K. BRAY)

3-17-04

850-969-1322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #