2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90044 021 ****61.25

DOCUMENT # N94000001291

1. Entity Name
DISCOVERY BAY HOMEOWNERS ASSOCIATION, INC.

14003281

Principal Place of Business	Mailing Address
601 MANATEE BAY DR CAPE CANAVERAL, FL 32920 US	P.O. BOX 939 CAPE CANAVERAL, FL 32920 US

03292004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
603 Manatee Bay Dr	PO Box 1251
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CANAVERAL, FL	City & State: CAPE CANAVERAL, FL
Zip: 32920 Country	Zip: 32920 Country

4. FEI Number 59-3247077 ☐ 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
MONTGOMERY, NANCY K 3425 CHERRY STREET COCOA, FL 32926	Name: G. Michael Persse Street Address (P.O. Box Number is Not Acceptable): 603 Manatee Bay Dr. City: CAPE CANAVERAL FL Zip Code: 32920

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: _____ G. Michael Persse 4.12.04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 YOUNG, WILLIAM M 405 HOLMAN RD CAPE CANAVERAL, FL 32920	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	G. MICHAEL PERSSE 603 MANATEE BAY DR. CAPE CANAVERAL FL 32920	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV DUNNING, RALPH R 600 MANATEE BAY DR CAPE CANAVERAL, FL 32920	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Geoff Gill 609 MANATEE BAY DR. CAPE CANAVERAL, FL 32920	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONTGOMERY, NANCY K 3425 CHERRY STREET COCOA, FL 32426	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOHN JOHANSON 607 MANATEE BAY DR. CAPE CANAVERAL FL 32920	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: _____ G Michael Persse 4-12-04 321-868-5336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #