ANNUAL REPORT (AR)

FILED DOCUMENT # N94000002707 Mar 03, 2004 08:00 AM 1. Entity Name **Secretary of State** GIBSON-ALWOOD COMMONS ASSOCIATION, INC. Principal Place of Business Mailing Address 336 N.W. 7TH COURT DEERFIELD BEACH FL 33441 336 N.W. 7TH COURT DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 65-0559212 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, MARGARET Street Address (P.O. Box Number is Not Acceptable) 336 N.W. 7TH COURT DEERFIELD BEACH FL 33441 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. 2-27-04 DATE SIGNATURE inted name of registored agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE TITLE ☐ Change ☐ Addition DAVIS, ANTHONY NAME NAME 336 N.W. 7TH COURT STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33441 CITY ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition WEST, LOIS NAME NAME U00000074878 704 NW FIRST WAY STREET ADDRESS STREET ADDRESS 03/03/04-80035-019 61.25 DEERFIELD BEACH FL 33441 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition THOMPSON, WILLIEMAE NAME NAME 113 NW 7 COURT STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33441 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WYNN, CAROLYN NAME NAME 705 NW B WAY STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33441 CITY-ST-ZIP CITY+ST-ZIP Change ☐ Delete ☐ Addition MOORE, LUCINDA NAME NAME 510 NW 3 AVENUE STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33441 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Change Change DAVIS, MARGARET NAME NAME 336 NW 7 COURT STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33441 COY-ST-7IP 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3/27/04 954-461-5394 Dayline Prone #