

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90007 001 ****61.25

DOCUMENT # N95000002433					
1. Entity Name RUNNING SPRINGS BLUFF PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 412 N.E. 16H AVE. GAINESVILLE, FL 32601			Mailing Address 412 N.E. 16H AVE. GAINESVILLE, FL 32601		
2. Principal Place of Business 4127 NW 27th Ln. Suite A Gainesville FL Zip 32606 Country USA		3. Mailing Address PO Box 357845 Suite, Apt. #, etc. City & State Gainesville FL Zip 32635 Country USA			
44010700 					
01092004 Chg-NP CR2E037 (10/03)					
4. FEI Number 59-3316909				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIES, LISA S 412 N.E. 16TH AVE. GAINESVILLE, FL 32601			7. Name and Address of New Registered Agent Name Lisa S. Davies Street Address (P.O. Box Number is Not Acceptable) 4127 NW 27th Ln, Suite A City Gainesville FL Zip Code 32606		
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 <i>Lisa Davies</i> Lisa Davies DATE 1/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME DAVIES, LISA S STREET ADDRESS 412 N.E. 16TH AVE. CITY-ST-ZIP GAINESVILLE, FL 32601	<input type="checkbox"/> Delete		TITLE PD NAME Lisa Davies STREET ADDRESS 4127 NW 27th Ln, Suite A CITY-ST-ZIP Gainesville, FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME MCDONALD, JANET L STREET ADDRESS 412 N.E. 16TH AVE. CITY-ST-ZIP GAINESVILLE, FL 32601	<input type="checkbox"/> Delete		TITLE STD NAME Janet L. McDonald STREET ADDRESS 4127 NW 27th Ln, Suite A CITY-ST-ZIP Gainesville, FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME LEE, DENNIS G STREET ADDRESS 412 NE 16 AVE. CITY-ST-ZIP GAINESVILLE, FL	<input type="checkbox"/> Delete		TITLE VD NAME Dennis G Lee STREET ADDRESS 4127 NW 27th Ln, Suite A CITY-ST-ZIP Gainesville FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Lisa Davies</i> Lisa Davies			Date 1/29/04 Daytime Phone # 352-334-1976		