


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N95000004779 1. Entity Name NOIT GEDACHT HOMEOWNERS ASSOCIATION, INC. |  |
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| Principal Place of Business 11 DEWITT PLACE TEQUESTA, FL 33469 | Mailing Address 11 DEWITT PLACE TEQUESTA, FL 33469 |
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DO NOT WRITE IN THIS SPACE



04232004 No Chg-NP CR2E037 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number 65-0617259 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent WRIGHT, LARRY E 11 DEWITT PLACE TEQUESTA, FL 33469 |
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IN THIS SPACE**

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.

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|--|---|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when rechartering) | DATE _____ |
|--|---|------------|

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|---|---|--|
| 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 | 000000133554 04/27/04-80093-001 61.25 |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPT WRIGHT, LARRY E 11 DEWITT PLACE TEQUESTA, FL 33469 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVS WRIGHT, CAROL 11 DEWITT PLACE TEQUESTA, FL 33469 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DAMORE, ROBERT 250 AUSTRALIAN AVE S #400 WEST PALM BEACH, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  LARRY E WRIGHT 4/25/04 561-602-9971 | <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |
|--|---|---------------------|--------------------------------|