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

FILED
Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90047 036 ****61.25

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1. Entity Name

ALDEN PINES HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5400 PINE ISLAND ROAD SUITE D BOKEELIA FL 33922	5400 PINE ISLAND ROAD SUITE D BOKEELIA FL 33922

MOORE CR2E037 (11/03)

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 65-0655358 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WAGGONER, PAUL H
5400 PINE ISLAND ROAD
SUITE D
BOKEELIA FL 33922

7. Name and Address of New Registered Agent

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 _____ DATE

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRIEG, MARK K SR 14319 CLUBHOUSE DRIVE BOKEELIA FL 33922	☒ Delete	D DAVE WERNER 14043 BOKEELIA RD BOKEELIA, FL 33922	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STOBER, ANNA 7463 GRAND PINE ROAD BOKEELIA FL 33922	☐ Delete	D DICK GENTRY P.O. BOX 612 BOKEELIA, FL 33922	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CABLE, CATHERINE 14075 BOKEELIA ROAD BOKEELIA FL 33922	☐ Delete	P ANNA STOBER 7463 GRANDE PINE RD. BOKEELIA FL 33922	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLUETT, BEVERLY 14391 TAMARAC DR BOKEELIA FL 33922	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COX, KENNETH 7660 GRANDE PINE RD BOKEELIA FL 33922	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Anna L Stober 3/11/04 239-282-8567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ANNA L. STOBER