2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N97000000418

Entity Name: CITY CENTRE OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

600 LAKE MILLS RD
CHULUOTA, FL 32766

New Principal Place of Business:

Current Mailing Address:

600 LAKE MILLS RD
CHULUOTA, FL 32766

New Mailing Address:

FEI Number: 59-3316347 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AXEL, DAVID E
600 LAKE MILLS RD
CHULUOTA, FL 32766 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: AXEL, DAVID
Address: 600 LAKE MILLS RD
City-St-Zip: CHULUOTA, FL 32766

Title: D ( ) Delete
Name: TULP, LOUIS P
Address: P.O. BOX 621024
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete
Name: WAGNER, ROBERT A
Address: 2400 PANDORA LANE
City-St-Zip: CHULUOTA, FL 32766

Title: D ( ) Delete
Name: ENGLAND, THOMAS R
Address: 1711 LAKE MILLS ROAD
City-St-Zip: CHULUOTA, FL 32766

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E. AXEL D 04/30/2004

Electronic Signature of Signing Officer or Director — Date