
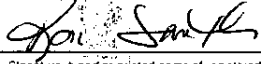



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90098 032 ****61.25

DOCUMENT # N97000001650 1. Entity Name RADCLIFF ESTATES CRIME WATCH, INC.					
Principal Place of Business 8753 MARTINIQUE LN, PORT RICHEY, FL 34668 US			Mailing Address 8753 MARTINIQUE LN PORT RICHEY, FL 34668 US		
2. Principal Place of Business 7922 Bahama Ave Suite, Apt. #, etc.			3. Mailing Address 7922 Bahama Ave Suite, Apt. #, etc.		
City & State Port Richey, FL Zip 34668			City & State Port Richey, FL Zip 34668		
Country USA			Country USA		
4. FEI Number 59-3448136			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 BREHM, ROBERT 7845 EXUMA PORT RICHEY, FL 34668			7. Name and Address of New Registered Agent Name RON SMITH Street Address (P.O. Box Number is Not Acceptable) 7922 Bahama Ave City PORT RICHEY FL Zip Code 34668		
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  RON SMITH DATE 7-5-04 <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 September 8, 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					
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	BOLANDER, MAX				
STREET ADDRESS	8753 MARTINIQUE LN				
CITY-ST-ZIP	PORT RICHEY, FL 34668				
TITLE	VP	<input checked="" type="checkbox"/> Delete			
NAME	SCUDIERI, FRED				
STREET ADDRESS	8814 ARUBA				
CITY-ST-ZIP	PORT RICHEY, FL 34668				
TITLE	S	<input type="checkbox"/> Delete			
NAME	BREHM, JOHANNA G				
STREET ADDRESS	7845 EXUMA AVENUE				
CITY-ST-ZIP	PORT RICHEY, FL 34668				
TITLE	T	<input checked="" type="checkbox"/> Delete			
NAME	MCGOVERN, MARION				
STREET ADDRESS	8835 BERMUDA LN				
CITY-ST-ZIP	PORT RICHEY, FL 34668				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	AYALA, LUIS				
STREET ADDRESS	7855 EXUMA				
CITY-ST-ZIP	PORT RICHEY, FL 34668				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	MANGANO, GINNIE				
STREET ADDRESS	7740 BAHAMA AVE				
CITY-ST-ZIP	PORT RICHEY, FL 34668				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Bolander, Gina				
STREET ADDRESS	8753 Martiniq Ave Ln				
CITY-ST-ZIP	PORT RICHEY, FL 34668				
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	GUTHERMAN, EIMER				
STREET ADDRESS	7930 Bahama Ave				
CITY-ST-ZIP	PORT RICHEY, FL 34668				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	ERWIN, LORI				
STREET ADDRESS	8750 BERMUDA				
CITY-ST-ZIP	PORT RICHEY, FL 34668				
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Gonzalez, Sally				
STREET ADDRESS	8752 Andros Ln				
CITY-ST-ZIP	PORT RICHEY, FL 34668				
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Brehm, Robert				
STREET ADDRESS	7845 Exuma				
CITY-ST-ZIP	PORT RICHEY, FL 34668				
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:  , RON SMITH					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 7-5-04 Daytime Phone # (727) 848-7115					

040000113



07012004 Chg-NP CR2E037 (10/03)