


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

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90320 029 \*\*\*\*61.25

<b>DOCUMENT # N97000002426</b> 1. Entity Name <b>THOMASTOWN ESTATES NEIGHBORHOOD ASSOCIATION, INC.</b>					
Principal Place of Business <b>5521 CHIPPER LANE PACE FL 32571 US</b>			Mailing Address <b>5521 CHIPPER LANE PACE FL 32571 US</b>		
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 <b>59-3456830</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MILLER, OSCAR F 5521 CHIPPER LANE PACE FL 32571</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, FRANK		NAME		
STREET ADDRESS	5521 CHIPPER LANE		STREET ADDRESS		
CITY-ST-ZIP	PACE FL 32571		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOUDREAUX, DOUGLAS		NAME		
STREET ADDRESS	4437 ANGIE LANE		STREET ADDRESS		
CITY-ST-ZIP	PACE FL 32571		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, BILLIE		NAME		
STREET ADDRESS	5521 CHIPPER LANE		STREET ADDRESS		
CITY-ST-ZIP	PACE FL 32571		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRUTCH, ANGELA		NAME		
STREET ADDRESS	5425 GWEN LANE		STREET ADDRESS		
CITY-ST-ZIP	PACE FL 32571		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAPPA, LISA		NAME		
STREET ADDRESS	4464 NORA AVE.		STREET ADDRESS		
CITY-ST-ZIP	PACE FL 32571		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, MARTIN III		NAME		
STREET ADDRESS	5522 CHIPPER LANE		STREET ADDRESS		
CITY-ST-ZIP	PACE FL 32571		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Oscar F. Miller</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/10/04 850-995-0844 <small>Date Daytime Phone #</small>		

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MOORE CR2E037 (11/03)