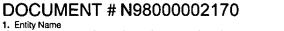
2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT





Apr 05, 2005 8:00 am Secretary of State

FILED

1. Entity Nam GLOBAL		E HOMEOWNERS	" ASSOCIATION, IN	c.			04-(JS-2005 	90045 0	15 ****6	01.23
Principal Place of Business 1878 VINA CT CHULUOTA, FL 32766 Mailing Address 1878 VINA CT CHULUOTA, FL 32766						I (PAMA) B.	8 (8)81 (8H)			BI (19)1 18811 488	
2. Principal Place of Business /860 VINA CT. Suite, Apt. #, etc.			3. Mailing Address 1860 VINA CT. Suite, Apt. #, etc.			O2282005 Chg-NP CR2E037 (10/03)					
City & State CHULUOTA FL:			City & State CHULUOTA, FL			4. FEI Number 59-3507933				Applied For Not Applicable	
32766	Country. USA		32766	Country _ USA	<u>.</u>					\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						7. Name and	Auures	OI NOW T	egistereu A	gent	
STEPHAN, REINHARD G					Name Street Address (P.O. Box Number is Not Acceptable)						
									FL	Zip Cod	le
		y submits this statement fi tered agent.	or the purpose of changing it	s registered office o	r registered	d agent, or bo	th, in the	State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURE .	Signature typed	I or printed name of registered agen	t and life if amilicable (NC	T. D. St.							
									DATE		
	Olgranda, 1) pad	or pretentione of registered agen	The live is approached.	TE: Registered Agent signs	fure required w	hen reinstating)	1 -		DATE		*0.4
	Filing Fe	e is \$61.25 day 1, 2005	9. Election Ca Trust Fund	ampaign Financing Contribution.		55.00 May E	, ,	Flor	ake check ida Depart	ment of S	tate ***
10.	Filing Fe	e is \$61.25	9. Election Ca Trust Fund	ampaign Financing		55.00 May E	, ,	Flor	ake check ida Depart	ECTORS IN	tate V 10
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12. I hereby certify that the information supplied with this filling 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.

TROY NOW