

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000002967	
1. Entity Name ROOSEVELT ESTATE SOUTH INC.	

Principal Place of Business % WESTWARD ELEMENTARY 1101 GOLF AVENUE WEST PALM BEACH, FL 33401	Mailing Address P.O. BOX 2842 WEST PALM BEACH, FL 33402
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DO NOT WRITE IN THIS SPACE

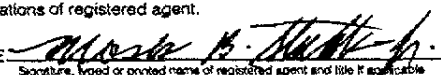


08172004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0939356	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fees Required
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6. Name and Address of Current Registered Agent STUBBS, MOSES B 1440 CROSS WAY WEST PALM BEACH, FL 33401	DO NOT WRITE IN THIS SPACE
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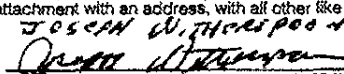
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable	DATE <u>8/17/04</u> (NOTE: Registered Agent Signature required when retaking)

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STUBBS, MOSES 1440 CROSS WAY WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KING, JULIA A 1548 SIXTH STREET WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHARDSON, BOBBIE L 1447 CROSS WAY WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS BOYNTON, GENEVA B 1350 EIGHTH STREET WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WITHERSPOON, JOSEPH 1557 SIXTH STREET WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LITTLES, DORIS W 1331 SIXTH STREET WEST PALM BEACH, FL 33401

U00000170713
08/23/04-80008-002 61.25

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IN THIS SPACE**

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	8-17-04 561-832-7424 561-832-7424 Date Daytime Phone #