

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90021 012 ****70.00

DOCUMENT # N98000003553			
1. Entity Name RESIDENTS ADVISORY COMMITTEE, INC. OF SPRUCE CREEK SOUTH			
Principal Place of Business 10664 SE 178TH ST. SUMMERFIELD, FL 34491 US		Mailing Address 10664 SE 178TH ST. SUMMERFIELD, FL 34491 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Summerfield, FL		City & State Summerfield, FL	
Zip Country 34491 USA		Zip Country 34491 USA	
4. FEI Number 59-3479768		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, ROBERT 10664 SW 178TH ST. SUMMERFIELD, FL 34491		7. Name and Address of New Registered Agent Name: Terry Townsend Street Address (P.O. Box Number is Not Acceptable): 10629 SE 174 Loop City: Summerfield, FL Zip Code: 34491	
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: <i>Terry Townsend</i> <i>Terry Townsend PD</i> 3/26/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: MILLER, BOB STREET ADDRESS: 10664 SE 178TH ST. CITY-ST-ZIP: SUMMERFIELD, FL 34491 <input checked="" type="checkbox"/> Delete	TITLE: PD NAME: Terry Townsend STREET ADDRESS: 10629 SE 174 Loop CITY-ST-ZIP: Summerfield, FL 34491 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: VD NAME: TOWNSEND, TERRY STREET ADDRESS: 10629 SE 174TH LOOP CITY-ST-ZIP: SUMMERFIELD, FL 34491 <input checked="" type="checkbox"/> Delete	TITLE: VD NAME: Al Brenick STREET ADDRESS: 17724 SE 105th Terrace CITY-ST-ZIP: Summerfield, FL 34491 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: SD NAME: EDMONDS, DIANE STREET ADDRESS: 17748 SE 97TH AVE. CITY-ST-ZIP: SUMMERFIELD, FL 34491 <input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: TD NAME: CULLER, CHARLES STREET ADDRESS: 8582 SE 174TH LOOP CITY-ST-ZIP: SUMMERFIELD, FL 34491 <input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Terry Townsend (Terry Townsend)</i> 3/26/2004 352-245-8813 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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