


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

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90025 014 \*\*\*\*70.00


<b>DOCUMENT # N98000004909</b>	
1. Entity Name <b>AMERICAN DREAM MASTER HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>10650 HAVERFORD ROAD #4 JACKSONVILLE FL 32218</b>	Mailing Address <b>10650 HAVERFORD ROAD #4 JACKSONVILLE FL 32218</b>
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2. Principal Place of Business <b>11356 Harlan Dr</b> Suite, Apt. #, etc.	3. Mailing Address <b>11356 Harlan Dr</b> Suite, Apt. #, etc.
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City & State <b>Jax., FL</b>	City & State <b>Jax., FL</b>
Zip <b>32218</b>	Zip <b>32218</b>
Country <b>Duval</b>	Country <b>Duval</b>

**94040000**



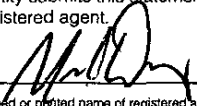
**MOORE CR2E037 (11/03)**

4. FEI Number <b>59-3553505</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>DRURY, MARK A 10650 HAVERFORD ROAD #4 JACKSONVILLE FL 32218</b>	
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7. Name and Address of New Registered Agent Name: <b>Mark A. Drury</b> Street Address (P.O. Box Number is Not Acceptable) <b>11356 Harlan Dr</b> City: <b>Jax., FL</b> Zip Code: <b>32218</b>	
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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:  **Mark A. Drury** DATE: **4/3/04**

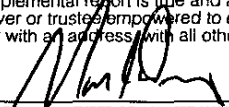
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS DRURY, MARK A 10650 HAVERFORD ROAD, #4 JACKSONVILLE FL 32218</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP PRINCE, RUTH 10650 HAVERFORD ROAD, #4 JACKSONVILLE FL 32218</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT MILLER, KIMBERLY 357 BERNARD RD JACKSONVILLE FL 32218</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T mark A. Drury 11356 Harlan Dr Jax., FL 32218</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:  **Mark A. Drury** DATE: **4/4/04** DAYTIME PHONE #: **904-757-4700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR