
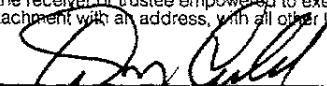


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000005816</b>					
1. Entity Name <b>GUILFORD ESTATES HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>3873 SOUTH HORSESHORE DR., SUITE 118 NAPLES FL 34104</b>			Mailing Address <b>3873 SOUTH HORSESHORE DR., SUITE 118 # 118 NAPLES FL 34104</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>59-3579264</b>	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ARNOLD, DONALD L</b> <b>3073 SOUTH HORSESHOE DR., SUITE 118</b> <b>NAPLES FL 34104</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="text-align: right;"><b>FL</b></div> 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 _____					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
<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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARNOLD, DONALD L		NAME		
STREET ADDRESS	3073 SOUTH HORSESHOE DR, SUITE 118		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP	<b>U000000038561</b> <b>02/06/04-80142-008 61.25</b>	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, TAM		NAME		
STREET ADDRESS	3073 SOUTH HORSESHOE DR., SUITE 118		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARNOLD, DEAN A		NAME		
STREET ADDRESS	3073 SOUTH HORSESHOE DR., SUITE 118		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(l), 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: 		2/3/4		2-39-683-6353	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					