2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2004
Secretary of State

DOCUMENT# N99000003904

Entity Name: BODDENS BLUFF HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10657 BODDENS RD
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

10657 BODDENS RD
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 59-3586250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BYRNE, FRANK
10657 BODDENS RD
JACKSONVILLE, FL 32219 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	REEVES, RICHARD	
Address:	10807 BODDENS RD.	
City-St-Zip:	JACKSONVILLE, FL 32219	
Title:	D	( ) Delete
Name:	COUSAN, LARRY	
Address:	10799 BODDENS ROAD	
City-St-Zip:	JACKSONVILLE, FL 32219	
Title:	D	( ) Delete
Name:	POWELL, MARK	
Address:	10765 BODDENS ROAD	
City-St-Zip:	JACKSONVILLE, FL 32219	
Title:	P	( ) Delete
Name:	BYRNE, FRANK	
Address:	10657 BODDENS RD	
City-St-Zip:	JACKSONVILLE, FL 32219	
Title:	VP	( ) Delete
Name:	URCH, WAYNE A	
Address:	10766 BODDENS RD	
City-St-Zip:	JACKSONVILLE, FL 32219	
Title:	T	( ) Delete
Name:	BYRNE, KATHLEEN E	
Address:	10657 BODDENS RD	
City-St-Zip:	JACKSONVILLE, FL 32219	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	HAMELIN, MARY E	
Address:	10826 BODDENS RD.	
City-St-Zip:	JACKSONVILLE, FL 32219	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN E. BYRNE TREA 06/30/2004

Electronic Signature of Signing Officer or Director — Date