




2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90705 045 ***150.00

DOCUMENT # P03000149479 1. Entity Name FLORIDA INDEPENDENT VILLAS, INC.																																						
Principal Place of Business 2787 PICADILLY CIRCLE KISSIMMEE, FL 34747			Mailing Address P.O. BOX 135185 CLERMONT, FL 34713-5185																																			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 03232004 Chg-P CR2E034 (10/03)																																		
City & State		City & State																																				
Zip		Zip																																				
Country		Country																																				
4. FEI Number 20-0474096				Applied For <input type="checkbox"/> Not Applicable																																		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																		
6. Name and Address of Current Registered Agent MCALARNEY, NANCY A 102 PARK PLACE BLVD BLDG B, STE 3 KISSIMMEE, FL 34741																																						
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																												
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SIGNATURE: 				Date 4/29/04 Daytime Phone #																																		