## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000052233

LAW, PATRICK E

LAKE MARY, FL 32708

615 CRESCENT EXECUTIVE CT, STE 120

Name:

Address: City-St-Zip: ACTIVE AMEDICAN COMMUNITIE

FILED Mar 04, 2004 Secretary of State

**Entity Name:** ACTIVE AMERICAN COMMUNITIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 615 CRESCENT EXECUTIVE CT, SUITE 120 LAKE MARY, FL 32746 **Current Mailing Address: New Mailing Address:** 615 CRESCENT EXECUTIVE CT, SUITE 120 LAKE MARY, FL 32746 FEI Number: 59-3582761 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRAY, N DWAYNE JR GREENSPOON, MARDER, HIRSCHFELD ET AL 135 W CENTRAL BLVD, SUITE 1100 ORLANDO, FL 32801 ÚS 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WOLF, JONATHAN L Name: Name: 615 CRESCENT EXECUTIVE CT, SUITE 120 Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: ( ) Delete Title: VΡ Title: () Change () Addition Name: GRAY, DWAYNE N JR Name: 135 WEST CENTRAL BLVD., STE 1100 Address: Address: ORLANDO, FL 32801 City-St-Zip: City-St-Zip: Title: Title: PDS () Delete () Change () Addition

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JONATHAN L. WOLF VP 03/04/2004