2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P99000091182

1. Entity Name

BOA PROPERTY MANAGEMENT, INC.

FILED May 05, 2004 08:00 AM Secretary of State

Principal Place of Business

DO NOT WRITE IN THIS SPACE

331 SOUTH FLORIDA AVENUE

SUITE 400 LAKELAND, FL 33801 Mailing Address

331 SOUTH FLORIDA AVENUE

SUITE 400

LAKELAND, FL 33801



04262004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3603410

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ATKINSON, RONALD C 331 SOUTH FLORIDA AVENUE SUITE 400 LAKELAND EL 33801

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered	d office or r	egistered signit, or bo	th, in the State of Florida I am familiar with, and accept	
SIGNATURE_	Signature typed or printed name of registered agent and title	if applicable (NOTE Registered	Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			·	
THLE NAME STREET ADDRESS CHY-ST-ZIP	PD ATKINSON, RONALD C 331 SOUTH FLORIDA AVENUE SUIT LAKELAND, FL 33801	E 400				
TITLE NAME STREET ADDRESS CITY ST-ZIP	VP SMALLHEER, CHARLES J 331 SOUTH FLORIDA AVENUE SUITE 400 LAKELAND, FL 33801			1 /10 0156359 05/05/7)4-80076-003 150.00		
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY STEZIP				IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE]					

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 607, 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.

NAME STREET ADDRESS CITY-ST-ZIP