2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State
03-11-2005 90298 040 ****70.00

DOCUMENT # 722816

1. Entity Name

BIG TREE SHORES OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2025 HICKORYWOOD DRIVE DAYTONA BEACH FL 32119-8802	2025 HICKORYWOOD DRIVE DAYTONA BEACH FL 32119-8802

1st MOORE CR2E037 (10/04)

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 59-2350226 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, ANNA
1 APPLEWOOD CIRCLE
SOUTH DAYTONA FL 32119

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEE, ANNA #1 APPLEWOOD CIR SOUTH DAYTONA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARNER, DORIS 2048 HICKORYWOOD DR DAYTONA BEACH FL 32119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHARLES H. WEAVER 19 APPLEWOOD CIRCLE SO DAYTONA, FL. 32119	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DEMATTEO, RITA 7 APPLEWOOD CIR S DAYTONA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HALE, IRENE J 17 APPLEWOOD CIR S DAYTONA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPERLICH, MARIE 5 APPLEWOOD CIR SO DAYTONA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AIDA MURPHY 5 APPLEWOOD CIRCLE SO. DAYTONA, FL. 32119	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUMLEY, GLADYS 2034 HICKORYWOOD DR SOUTH DAYTONA FL 32119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SHIRLEY WEAVER 2016 HICKORYWOOD DR. SO. DAYTONA, FL. 32119	☑ Change ☐ Addition

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 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: ANNA LEE Anna Lee Mar 6 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #