2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 738676

1. Entity Name
THE 221 NORTH CAUSEWAY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
221 N CAUSEWAY NEW SMYRNA BCH, FL 32169-5239 US	221 N CAUSEWAY NEW SMYRNA BCH, FL 32169-5239 US

02072005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-1757455
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSS, WILLIAM L. JR.
221 N CAUSEWAY
NEW SMYRNA BCH, FL

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

100000222630
02/10/05-80009-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	SPENCE, HAL
STREET ADDRESS	1104 N PENINSULA
CITY-ST-ZIP	NEW SMYRNA BCH, FL 00000, 32169
TITLE	PD
NAME	ROSS, WILLIAM, JR
STREET ADDRESS	636 N RIVERSIDE DRIVE
CITY-ST-ZIP	NEW SMYRNA BCH, FL 00000, 32168
TITLE	VPD
NAME	BLANDI, SUZANNE
STREET ADDRESS	5221 S. ATLANTIC AVE.
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	D
NAME	PATRICK, JERRY LEE JR
STREET ADDRESS	1854 UMBRELLA TREE DR.
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	D
NAME	HARRIS, KATHY
STREET ADDRESS	4504 DORIS DR.
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: William L. Ross Jr. WILLIAM L. ROSS, JR. 2/7/05 386-427-5227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #