


**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 221 N CAUSEWAY NEW SMYRNA BCH, FL 32169-5239 US	Mailing Address 221 N CAUSEWAY NEW SMYRNA BCH, FL 32169-5239 US
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**DO NOT WRITE IN THIS SPACE**



02072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1757455	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ROSS, WILLIAM L. JR.  
 221 N CAUSEWAY  
 NEW SMYRNA BCH, FL

**DO NOT WRITE IN THIS SPACE**

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)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	1100000222630 02/10/05-80003-017 61.25
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10. OFFICERS AND DIRECTORS

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