

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27998

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** DURR'S HOMEOWNER ASSOCIATION INC.

**Current Principal Place of Business:**

713 NW 19TH AVE  
FORT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

713 NW 19TH AVE  
FORT LAUDERDALE, FL 33311

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTIN, GALE  
713 NW 19TH AVE  
FORT LAUDERDALE, FL 33311 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: DYKES, ESSIE,  
Address: 812 NW 19TH AVENUE  
City-St-Zip: FT. LAUDERDALE, FL

Title: P ( ) Delete  
Name: HINTON, EARL WALTER,  
Address: 713 NW 19TH AVE  
City-St-Zip: FT. LAUDERDALE, FL

Title: SD ( ) Delete  
Name: ESSIE, THOMAS,  
Address: 1721 N.W. 7TH PL.  
City-St-Zip: FT. LAUDERDALE, FL

Title: DS ( ) Delete  
Name: WATTS, TERRI  
Address: 729 NW 19TH TERR  
City-St-Zip: FT LAUDERDALE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: WALTER EARL HINTON

P

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date