## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

the obligations of registered agent.

Signature, typed or printed name of registered agent and tate if applicable,

## FILED Apr 04, 2005 8:00 am Secretary of State

04-04-2005 90101 016 \*\*\*\*61.25

Zip Code

DATE

1. Entity Name	NT # N960000 OODS HOMEOWNE	003601 :rs' association, I							
Principal Place of B P.O. BOX 1754 TALLAVAST, FL 34		Mailing Address P.O. BOX 1754 TALLAVAST, FL 34	270		50033985				
2. Principal Place o	of Business	3. Mailing Address							
Suite, Apt. #, etc	· .	Suite, Apt. #, etc.			03092005 Chg-NP CR2E037 (10/03)				
City & State		City & State			4. FEI Number Applied For 65-0795224 Not Applicable				
Zip	Country	Zip	Cou	intry	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
PAULSON, TAMMY 8006 DESOTO WOOD DRIVE				Name Street Address (P.O. Box Number is Not Acceptable)					
SARASOTA, FI	L 34243	•							

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

(NOTE: Registered Agent signature required when reinstating)

	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp. Trust Fund Cor			.00 May Be ed to Fees	Propagation and the second second	heck payable t epartment of S				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10							
TITLE NAME STREET ADDRESS CITY-ST-/IP	PD PAULSON, TAMMY 8006 DESOTO WOOD DRIVE SARASOTA, FL 34243	☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			777.	☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-7IP	DV SWESSEL, JOHN 8002 DESOTO WOOD DRIVE SARASOTA, FL 34243	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-7IP	SD FENCIL, PAMELA 8009 DESOTO WOOD DRIVE SARASOTA, FL 34243	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D	8009 D	, Pamela esoto Wood ta, FL 342		_ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DERCK, MARCIA R 8001 DESOTO WOOD DRIVE SARASOTA, FL 34243	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-S1-7P		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition			
NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	☐ Addition			

12. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marcia R. Derck, Treasurer

03/31/05

941-957-0120