2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State
01-27-2006 90041 017 ****61.25

DOCUMENT # 755753

1. Entity Name
SEPTEMBER ESTATES HOME OWNERS ASSOCIATION, INC.

40006860

Principal Place of Business	Mailing Address
HOME OWNERS ASSO. INC. P.O. BOX 339 BOKEELIA, FL 33922	HOME OWNERS ASSO. INC. P.O. BOX 339 BOKEELIA, FL 33922

01252006 Chg-NP CR2E037 (11/05)

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 59-2337724 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHIRKEY, THOMAS 7728 CARPENTER RD BOKEELIA, FL 33922	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 _____ 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, 2006

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	TT SHIRKEY, THOMAS 7728 CARPENTER ROAD BOKEELIA, FL 33922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COULBORN, CAMILLE 7679 CARPENTER RD BOKEELIA, FL 33922	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT SCHNEIDER, HAROLD 15227 SUSAN KAY RD BOKEELIA, FL 33922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT SMITH, DAVID 7680 HELEN RD BOKEELIA, FL 33922	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT ATKINSON, CHARLES 15228 BUZZARD CUT BOKEELIA, FL 33922	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNOX, PAT 15243 SUSAN KAY LN BOKEELIA, FL 33922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARGE, SCOTT 7776 HELEN RD BOKEELIA, FL 33922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUTH, DIANE 7759 CARPENTER RD BOKEELIA, FL 33922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: T Shirkey 1-25-06 239 283 5305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #