


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90001 013 ****70.00

DOCUMENT # 702416					
1. Entity Name DEL ORO GROVES ESTATES ASSOCIATION INC					
Principal Place of Business P.O. BOX 17605 CLEARWATER, FL 33762			Mailing Address P.O. BOX 17605 CLEARWATER, FL 33762		
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 59-2879297	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GERES, SANDRA G 3320 SAN DOMINGO ST. CLEARWATER, FL 33759				Name <u>Robert A. Schwartz</u> Street Address (P.O. Box Number is Not Acceptable) <u>3321 San Domingo Street</u> City <u>Clearwater</u> <u>FL</u> Zip Code <u>33759</u>	
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 <u>Robert A. Schwartz</u> <u>Treasurer</u> <u>1/28/06</u> <small>Signature, typed or printed name of registered agent and treasurer applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASEY, LUCILE		NAME		
STREET ADDRESS	3235 SAN MATEO ST.		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33759		CITY-ST-ZIP		
TITLE	COP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DORIAN, MAREA		NAME	<u>DORIAN MAREA</u>	
STREET ADDRESS	3249 SAN MATEO ST.		STREET ADDRESS	<u>3249 SAN MATEO ST.</u>	
CITY-ST-ZIP	CLEARWATER, FL 33759		CITY-ST-ZIP	<u>Clearwater, FL 33759</u>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHILCOTE, DAVE		NAME	<u>Chilcote Dave</u>	
STREET ADDRESS	1102 MAXIMO AVE.		STREET ADDRESS	<u>1102 MAXIMO AVE</u>	
CITY-ST-ZIP	CLEARWATER, FL 33759		CITY-ST-ZIP	<u>Clearwater, FL 33759</u>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADY, ROY		NAME	<u>BRADY, ROY</u>	
STREET ADDRESS	3215 SAN ATEO ST.		STREET ADDRESS	<u>3215 SAN MATEO ST</u>	
CITY-ST-ZIP	CLEARWATER, FL 33759		CITY-ST-ZIP	<u>Clearwater FL 33759</u>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GERES, SANDRA G		NAME	<u>SUE ELLIS</u>	
STREET ADDRESS	3320 SAN DOMINGO ST.		STREET ADDRESS	<u>3200 SAN MATEO ST.</u>	
CITY-ST-ZIP	CLEARWATER, FL 33759		CITY-ST-ZIP	<u>Clearwater, FL 33759</u>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHULTZ, JUNE		NAME	<u>Robert A Schwartz</u>	
STREET ADDRESS	3175 SAN MATEO ST.		STREET ADDRESS	<u>3321 SAN DOMINGO ST.</u>	
CITY-ST-ZIP	CLEARWATER, FL 33759		CITY-ST-ZIP	<u>Clearwater, FL 33759</u>	
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: <u>Robert A. Schwartz</u> <u>Robert A Schwartz</u> <u>2/3/06</u> <u>727-723-9025</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					