

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709573

FILED  
Apr 11, 2006  
Secretary of State

Entity Name: CIRCLE M RANCHETTES ASSOCIATION, INC.

## Current Principal Place of Business:

11821 N. CIRCLE M AVE  
P. O. BOX 1493  
DUNNELLON, FL 34430

## New Principal Place of Business:

## Current Mailing Address:

11821 N. CIRCLE M AVE  
P. O. BOX 1493  
DUNNELLON, FL 34430

## New Mailing Address:

FEI Number: 59-2603438

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALLEN, BARRY R  
10099 N CAMAE POINT  
DUNNELLON, FL 34433 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: V ( ) Delete  
Name: BERGTON, JAMES D  
Address: 5710 W OAKHILL ST  
City-St-Zip: DUNNELLON, FL 34433

Title: P ( ) Delete  
Name: KARDAMIS, MARTY  
Address: 3954 W. WOODLAWN ST  
City-St-Zip: DUNNELLON, FL 34433

Title: S ( ) Delete  
Name: KARDAMIS, VICTORIA  
Address: 3954 W. WOODLAWN ST  
City-St-Zip: DUNNELLON, FL 34433

Title: T ( ) Delete  
Name: WILLIAMS, CHARLENE  
Address: 10491 RANCH HAND AVE  
City-St-Zip: DUNNELLON, FL 34434

Title: D ( ) Delete  
Name: KELLEY, CHET  
Address: 10940 N. MANHATTAN POINT  
City-St-Zip: DUNNELLON, FL 34433

Title: D ( ) Delete  
Name: CARPENTER, DONNA L  
Address: 1680 W EVERGREEN DRIVE  
City-St-Zip: CITRUS SPRINGS, FL 34434

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition  
Name: ALLAN, CAROL  
Address: 10099 N. CAMAE  
City-St-Zip: DUNNELLON, FL 34433

Title: S (X) Change ( ) Addition  
Name: ALLAN, BARRY  
Address: 10099 N. CAMAE  
City-St-Zip: DUNNELLON, FL 34433

Title: T (X) Change ( ) Addition  
Name: MOLLICA, PATRICIA  
Address: 5711 W. OAKHILL ST.  
City-St-Zip: DUNNELLON, FL 34433

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

Title: D (X) Change ( ) Addition  
Name: EVOLA, ORA  
Address: 4601 W. HAZARD  
City-St-Zip: DUNNELLON, FL 34433

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PATRICIA A. MOLLICA

T

04/11/2006

Electronic Signature of Signing Officer or Director

Date