


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 723095 1. Entity Name DIXIE GROVES COMMUNITY ASSOCIATION, INC		
Principal Place of Business P.O. BOX 3582 HOLIDAY, FL 34690	Mailing Address P.O. BOX 3582 HOLIDAY, FL 34690	



02272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELZER, PHIL
 5533 SILVER SPUR
 HOLIDAY, FL 34690

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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, 2005

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

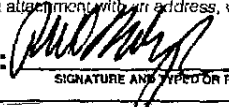
10. OFFICERS AND DIRECTORS

TITLE	S
NAME	MELZER, CAITLIN
STREET ADDRESS	5533 SILVER SPUR
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	P
NAME	MELZER, PHIL
STREET ADDRESS	5533 SILVER SPUR
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	T
NAME	LEIBLEIN, TOM
STREET ADDRESS	5140 PANORAMA AVE.
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	VP
NAME	THOMPSON, GINGER
STREET ADDRESS	5300 SPANISH TRAIL
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/04/05-80008-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Phil Melzer 02-28-05 (727) 431-2788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #