2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# 725167

Entity Name: PEACE RIVER GOLF CONDOMINIUM NO 100 INC

Current Principal Place of Business:

220 N IDLEWOOD AVE
UNIT 202
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

220 N IDLEWOOD AVE
UNIT 202
BARTOW, FL 33830

New Mailing Address:

FEI Number: 59-2334029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOWLER, WILLIAM J
220 N IDLEWOOD AVE
UNIT 202
BARTOW, FL 33830 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:	D	( ) Delete
Name:	LOWERY, SCOTT	
Address:	220 N IDLEWOOD, UNIT 208	
City-St-Zip:	BARTOW, FL 33830	
Title:	VP	( ) Delete
Name:	SMITH, JOAN	
Address:	220 N. IDLEWOOD UNIT 205	
City-St-Zip:	BARTLOW, FL 33830	
Title:	D	( ) Delete
Name:	TUCKER, GERALD	
Address:	220 N IDLEWOOD AVE UNIT 108	
City-St-Zip:	BARTOW, FL 33830	
Title:	ST	( ) Delete
Name:	FOWLER, WILLIAM J	
Address:	220 N IDLEWOOD AVE UNIT 202	
City-St-Zip:	BARTOW, FL 33830	
Title:	P	( ) Delete
Name:	ANDERSON, TRACY	
Address:	220 N. IDLEWOOD, UNIT 207	
City-St-Zip:	BARTOW, FL 33830	
Title:	D	( ) Delete
Name:	TUCKER, ASHLEY	
Address:	202 IDLEWOOD AVE. UNIT 206	
City-St-Zip:	BARTOW, FL 33830	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: WILLIAM J FOWLER ST 01/10/2006

Electronic Signature of Signing Officer or Director — Date