## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT #731013**

1. Entity Name
THE ORMOND TERRACE ANNEX HOMEWONERS



**FILED** Jan 22, 2008 8:00 am Secretary of State

01-22-2008 90081 021 \*\*\*\*61.25

	ATION, INC.	· · · · · · · · · · · · · · · · · · ·	1	TE					
Principal Place of Business 263 GREENWOOD AVE ORMOND BEACH, FL 32174		Mailing Address 263 GREENWOOD AVE ORMOND BEACH, FL 32174			goov	, <del>v</del> :			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			)				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01142008	Chg-NP	CR2E037	7 (12/06)	
City & State		City & State		Ì	4. FEI Number 59-18263	55		— <del>- '</del>	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired		8.75 Add	litional
	6. Name and Address of Current	Registered Agent			7. Name and Ad	idress of New R			
IANCCEN	MADIENE D		Name						
263 GREE	, MARLENE R. NWOOD AVENUE		Street Ac		P.O. Box Number is	s Not Acceptable	3)		
ORMOND	BEACH, FL 32174								
			City				FL	Zip Cod	e
	named entity submits this statement follows of registered agent.	or the purpose of changing its re	egistered office o	r registere	ed agent, or both,	in the State of Flo	orida. I am ta	amiliar with,	and accept
the obligat	lions or registered agent.								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signer	ture required i	when reinstating)		DATE		<del></del>
SIGNATURE	Signature, typed or printed name of registered agent				*			navable t	
SIGNATURE		9. Election Carny Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees		lake check		
SIGNATURE	Signature, typed or privated name of registered agent Fitting Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be	Flor	lake check Ida Departi	ment of S	tate I 10
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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.

Marley R. Jousse MARKENER. JANSSEN 1-14-08
SIGNATURE AND TYPED OR PRINTED PLANE OF SIGNING DIFFICER OR DIRECTOR

Date

Date 386-677-2675