


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90045 024 \*\*\*\*61.25

**DOCUMENT # 733358**

1. Entity Name  
**DIXIE SHORES PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
 11580 W. DIXIE SHORES DR  
 CRYSTAL RIVER, FL 34429 US

Mailing Address  
 11580 W. DIXIE SHORES DR  
 CRYSTAL RIVER, FL 34429 US

QU0021100



2. Principal Place of Business - No P.O. Box #  
**SAME**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

01152007 Chg-NP CR2E037 (12/06)

City & State  
**SAME**

City & State  
**SAME**

Zip  
**SAME**

Country  
**SAME**

Zip  
**SAME**

Country  
**SAME**

4. FEI Number  
**59-2480765**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**JANICE KOSTLE-TOMLINSON**  
 11580 W. DIXIE SHORE DR  
 CRYSTAL RIVER, FL 34429

7. Name and Address of New Registered Agent

Name  
**SAME**

Street Address (P.O. Box Number is Not Acceptable)  
**SAME**

City  
**SAME**

State  
**FL**

Zip Code

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 *Janice Kastle-Tomlinson* DATE Feb. 15, 2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONKLING, ANNA 11881 W. COQUINA CT CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COONEY, TOM 11941 W. BAYSHORE DR CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALANTE, DIANE 11881 W. BAYSHORE DR. CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOSTLE-TOMLINSON, JANICE 11580 W. DIXIE SHORES DR CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANDY, BOB 11891 W. COQUINA CT. CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS, JIM 11698 W. BAYSHORE DR. CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOM COONEY 11954 W. BAYSHORE DR. CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARTHUR CARNAVALE 11941 W. BAYSHORE DR. CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GAIL SHELTER 11699 W. COQUINA CT. CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ESTHER MILLER 11753 W. COQUINA CT. CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Janice Kastle-Tomlinson* DATE 2-15-07 DAYTIME PHONE # 352-795-3603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR