

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90051 045 ****61.25

DOCUMENT # 748653

1. Entity Name

HOOT OWL RIDGE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

STAR ROUTE 3
P.O. BOX 586
SATSUMA FL 32189

Mailing Address

ATTN: CHARLENE WARK
203 SUMMIT RD.
SATSUMA FL 32189

400000000



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2756932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~PENROD, BETTY~~
~~124 SUMMIT RD.~~
~~SR3 BOX 905~~
~~SATSUMA FL 32189~~
~~Deceased~~

Charlene A WARK
203 Summit Rd
SATSUMA, FL 32189

7. Name and Address of New Registered Agent

Name CHARLENE A WARK

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

203 Summit Rd

City SATSUMA

FL

Zip Code 32189

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 T PENROD, BETTY ☒ Delete
STREET ADDRESS SUMMIT RD
CITY-ST-ZIP SATSUMA FL 32189

TITLE NAME S WARK, CHARLENEA ☒ Delete
STREET ADDRESS 203 SUMMIT RD
CITY-ST-ZIP SATSUMA FL 32189

TITLE NAME T FAWHENY, DOROTHY ☐ Delete
STREET ADDRESS 203 KANSAS ST
CITY-ST-ZIP SATSUMA FL 71320

TITLE NAME P JACKSON, RUBY ☐ Delete
STREET ADDRESS 200 HIGH RIDGE RD
CITY-ST-ZIP SATSUMA FL

TITLE NAME VP ELLIS, HENRY ☐ Delete
STREET ADDRESS SQUIRRELL TREE
CITY-ST-ZIP SATSUMA FL 32199

TITLE NAME T ADAMS, MIKE ☐ Delete
STREET ADDRESS HIGH RIDGE RD.
CITY-ST-ZIP SATSUMA FL 32189

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME WARK, CHARLENE A ☐ Change ☒ Addition
STREET ADDRESS 203 Summit Rd
CITY-ST-ZIP SATSUMA FL 32189

TITLE NAME ST ~~MISSIE~~ MILLIE Temple ☐ Change ☒ Addition
STREET ADDRESS 124 High Ridge Rd
CITY-ST-ZIP SATSUMA, FL 32189

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Charlene A Wark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan-25-05 386-649-9613

Date

Daytime Phone #