


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90026 047 ****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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2756932	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WARK, CHARLENE A 203 SUMMIT RD SATSUMA, FL 32189				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARK, CHARLENE A 203 SUMMIT RD SATSUMA, FL 32189	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TEMPLE, MILLIE 124 HIGH RIDGE RD SATSUMA, FL 32189	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADAMS, SHIELA 821 High Ridge Rd SATSUMA FL 32189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAWHENY, DOROTHY 203 KANSAS ST SATSUMA, FL 71320	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, RUBY 200 HIGHRIDGE RD SATSUMA, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Avellino, Shireley High Ridge Rd SATSUMA FL 32189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELLIS, HENRY SQUIRRELL TREE SATSUMA, FL 32199	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GilBOE, Bill 166 Summit SATSUMA, FL 32189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADAMS, MIKE HIGH RIDGE RD. SATSUMA, FL 32189	<input type="checkbox"/> Delete		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: <u>Charlene A Wark</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					