

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90018 019 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2756932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: 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	T	<input checked="" type="checkbox"/> Delete
NAME	WARK, CHARLENE A	
STREET ADDRESS	203 SUMMIT RD	
CITY ST ZIP	SATSUMA FL 32189	
TITLE	S	<input type="checkbox"/> Delete
NAME	ADAMS, SHIELA	
STREET ADDRESS	221 HIGH RIDGE RD	
CITY ST ZIP	SATSUMA FL 32189	
TITLE	T	<input type="checkbox"/> Delete
NAME	FAWHENY, DOROTHY	
STREET ADDRESS	203 KANSAS ST	
CITY ST ZIP	SATSUMA FL 71320	
TITLE	P	<input type="checkbox"/> Delete
NAME	AVELLINO, SHIRLEY	
STREET ADDRESS	200 HIGH RIDGE RD	
CITY ST ZIP	SATSUMA FL 32189	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GILBOE, BILL	
STREET ADDRESS	166 SUMMIT	
CITY ST ZIP	SATSUMA FL 32189	
TITLE	T	<input type="checkbox"/> Delete
NAME	ADAMS, MIKE	
STREET ADDRESS	HIGH RIDGE RD.	
CITY ST ZIP	SATSUMA FL 32189	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change <input checked="" 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	<input 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	<input 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 Section 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: *Charlene A Wark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 19 07

Date

Daytime Phone #