

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748653

FILED
Jan 23, 2009
Secretary of State

Entity Name: HOOT OWL RIDGE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

203 SUMMIT RD
SATSUMA, FL 32189

Current Mailing Address:

ATTN: CHARLENE WARK
203 SUMMIT RD.
SATSUMA, FL 32189

New Mailing Address:

FEI Number: 59-2756932 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WARK, CHARLENE A
203 SUMMIT RD
SATSUMA, FL 32189 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: ADAMS, SHIELA
Address: 221 HIGH RIDGE RD
City-St-Zip: SATSUMA, FL 32189

Title: T () Delete
Name: FAWHENY, DOROTHY
Address: 203 KANSAS ST
City-St-Zip: SATSUMA, FL 71320

Title: P () Delete
Name: AVELLINO, SHIRLEY
Address: 200 HIGH RIDGE RD
City-St-Zip: SATSUMA, FL 32189

Title: VP () Delete
Name: GILBOE, BILL
Address: 166 SUMMIT
City-St-Zip: SATSUMA, FL 32189

Title: T () Delete
Name: ADAMS, MIKE
Address: HIGH RIDGE RD.
City-St-Zip: SATSUMA, FL 32189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLENE A. WARK

TREA

01/23/2009

Electronic Signature of Signing Officer or Director

Date