

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748653

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** HOOT OWL RIDGE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

203 SUMMIT RD  
SATSUMA, FL 32189

**New Principal Place of Business:**

**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  
Name: ADAMS, SHIELA  
Address: 221 HIGH RIDGE RD  
City-St-Zip: SATSUMA, FL 32189

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CHARLENE A WARK

T

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date