



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90076 015 \*\*\*\*61.25

<b>DOCUMENT # 749061</b> 1. Entity Name FLYING LITTLE RIVER HOME OWNER'S ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 81 MCALPIN, FL 32062 US			Mailing Address P.O. BOX 81 MCALPIN, FL 32062 US		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		04102006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-2542409	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  WOOLRIDGE, HARRY 18450 73RD PL MC ALPIN, FL 32062			7. Name and Address of New Registered Agent Name <u>DENNIS N. MCCLURE</u> Street Address (P.O. Bpx Number is Not Acceptable) <u>2061 WEDGEWOOD DR.</u> <u>TALLAHASSEE</u> City <u>FL</u> Zip Code <u>32317</u>		
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) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WALDRON, RONALD 18450 73RD PL MC ALPIN, FL 32062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALDRON, RONALD 18450 73d PL MCALPIN FL 32062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOLRIDGE, HARRY 18450 73RD PL MC ALPIN, FL 32062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KANE, TOM PO BOX 311 MCALPIN FL 32062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPARKS, RALPH 7360 188TH PL MC ALPIN, FL 32062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURKHOLDER, JIM 18240 81 ST. MCALPIN FL 32062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECHANT, CLARK 18461 73RD PL MC ALPIN, FL 32062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECHANT, CLARK 18461 73d PL MCALPIN FL 32062	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, GORDON 18094 77 TH PL MCALPIN, FL 32062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASWLEY, PETE 18029 77th PL MCALPIN FL 32062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPILLER, MARION 18221 75TH PLPLACE MCALPIN, FL 32062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DENNIS MCCLURE 2061 WEDGEWOOD DR. TALLAHASSEE FL 32317	<input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE:</b> <u>DENNIS N. MCCLURE TRE.</u> <b>2 MAY 06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					