

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90021 018 ****61.25

DOCUMENT # 760326					
1. Entity Name OLD DIXIE PARK II OWNERS ASSOCIATION, INC.					
Principal Place of Business 312 S OLD DIXIE HWY #107 JUPITER, FL 33458		Mailing Address 312 S OLD DIXIE HWY #107 JUPITER, FL 33458			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01312008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2374134	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DEBULA, SUSAN 312 S OLD DIXIE HWY #107 JUPITER, FL 33458			Name BARBARA WEIR Street Address (P.O. Box Number is Not Acceptable) 19985 EARLWOOD DR. City JUPITER FL Zip Code 33458		
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 <i>Barbara Weir Secretary Treasurer</i> 2-4-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOCKE, FRED	NAME			
STREET ADDRESS	312 S. OLD DIXIE HWY. #207	STREET ADDRESS			
CITY-ST-ZIP	JUPITER, FL 33458	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEIR, BARBARA	NAME			
STREET ADDRESS	312 SOUTH OLD DIXIE HIGHWAY	STREET ADDRESS	19985 EARLWOOD DR.		
CITY-ST-ZIP	JUPITER, FL	CITY-ST-ZIP	JUPITER, FL 33458		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DICKERSON, DAVID	NAME			
STREET ADDRESS	312 S OLD DIXIE, #110	STREET ADDRESS			
CITY-ST-ZIP	JUPITER, FL 33458	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Barbara Weir Secty Treasurer</i> 2-4-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					