


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

06 APR 28 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 761178</b>		
1. Entity Name <b>FERNDAL PLACE HOMEOWNERS' ASSOCIATION, INC.</b>		

Principal Place of Business <b>1718 FERNDAL PL TALLAHASSEE, FL 32301 US</b>	Mailing Address <b>1718 FERNDAL PL TALLAHASSEE, FL 32301 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04192006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3119178</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
OWENS, DANIELLE D 1718 FERNDAL PL TALLAHASSEE, FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE \_\_\_\_\_

<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</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VISK, LYNN D 1722 FERNDAL PL TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PATTERSON, JOAN 1714 FERNDAL PLACE TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Patterson, Joan 1714 Ferndale Place Tallahassee, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KERZAN, JACK 1726 FERNDAL PLACE TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Kerzan, Jack 1726 Ferndale Place Tallahassee FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KINCH, ANNE 1702 FERNDAL PLACE TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Andrews, Ty 1702 Ferndale Place Tallahassee, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OWENS, DANIELLE D 1718 FERNDAL PL TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD Owens, Dan 1718 Ferndale Place Tallahassee, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OWENS, BARBARA 1710 FERNDAL PLACE TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete		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 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:** Lynn D Visk **4/27/06** **850/222-4000**  
Signature and typed or printed name of signing officer or director Date Daytime Phone

10/26/06