

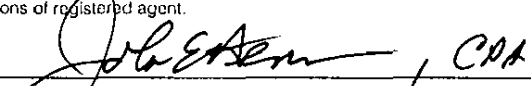
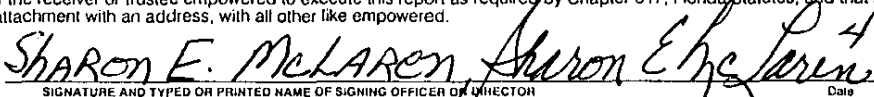


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90180 048 \*\*\*\*61.25

<b>DOCUMENT # 762917</b> 1. Entity Name <b>DRIFTWOOD OF ZEPHYRHILLS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>38333 COTTONWOOD PLACE ZEPHYRHILLS, FL 33542</b>			Mailing Address <b>38333 COTTONWOOD PLACE ZEPHYRHILLS, FL 33542</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<b>40067727</b> 	
City & State		City & State		01312007    Chg-NP    CR2E037 (12/06)	
Zip                      Country		Zip                      Country		4. FEI Number <b>59-2219316</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SOMMERS, THERESA 5316 8TH STREET ZEPHYRHILLS, FL 33542</b>			7. Name and Address of New Registered Agent Name <b>John E Henson, CPA, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>5315 8th St</b> City <b>Zephyrhills</b> FL    Zip Code <b>33542</b>		
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  <b>CPA</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4-10-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</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	PD SONNENBERG, HERBERT 38423 COTTONWOOD PLACE ZEPHYRHILLS, FL 33541	<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	VPD DAVIS, DAN 38247 IRON WOOD PL ZEPHYRHILLS, FL 33542	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steinman, James 38239 Ironwood Place Zephyrhills, FL 33542 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALBANESIOUS, SHARON 38342 COTTONWOOD PL ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>McLAREN, SHARON</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARLSON, CLAIRE 38340 COTTONWOOD PL ZEPHYRHILLS, FL 33542	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Williams, Olive 38420 Cottonwood Place Zephyrhills, FL 33542 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THEODORE, DELORES 38353 IRONWOOD PL ZEPHYRHILLS, FL 33542	<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	<input type="checkbox"/> Delete	<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: <b>SHARON E. McLAREN</b>  <b>Sharon E Henson</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <b>4-13-07</b>				Daytime Phone # <b>813-783-1050</b>	