

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001204

FILED
Apr 29, 2005
Secretary of State

Entity Name: FRANKLIN RESERVE, FRANKLIN CREEK ESTATES AND FRANKLIN WOODLANDS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5303 FRANKLIN RESERVE DRIVE
PLANT CITY, FL 33565

New Principal Place of Business:

Current Mailing Address:

5303 FRANKLIN RESERVE DRIVE
PLANT CITY, FL 33565

New Mailing Address:

FEI Number: 59-3701428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLOWS, ARTHUR
5303 FRANKLIN RESERVE DRIVE
PLANT CITY, FL 33565 US

Name and Address of New Registered Agent:

HOLLOWS, ARTHUR L
5303 FRANKLIN RESERVE DRIVE
PLANT CITY, FL 33565 US

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: ARTHUR L. HOLLOWS

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: HOLLOWS, ARTHUR PRESIDE
Address: 5303 FRANKLIN RESERVE DRIVE
City-St-Zip: PLANT CITY, FL 33565

Title: SECR () Delete
Name: CAPLE, DONNA SECRETA
Address: 5215 FRANKLIN CREEK DRIVE
City-St-Zip: PLANT CITY, FL 33565

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V P () Change (X) Addition
Name: SCHWOCHERT, FRANCESCA VICE PR
Address: 5216 FRANKLIN RESERVE DR
City-St-Zip: PLANT CITY, FL 33565

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ARTHUR L. HOLLOWS

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date