## 2006 NOT-FOR-PROFIT CORPORATION

## May 01, 2006 8:00 am Secretary of State ANNUAL REPORT 05-01-2006 90334 023 \*\*\*\*61.25 DOCUMENT # N00000002662 DERRIS CREEK HOMEOWNERS ASSOCIATION, INC. 40072404 Principal Place of Business Mailing Address 920 THIRD STREET 920 THIRD STREET SUITE B SUITE B NEPTUNE BEACH, FL 32266 NEPTUNE BEACH, FL 32266 2. Principal Place of Business 3. Mailing Address Suite, Ant. #, etc. Suite, Apt. #, etc. 03232006 Cha-NP CR2E037 (11/05) Applied For 4. FEI Number 59-3703990 City & State City & State Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WALLACE, L. SENISE 920 THIRD STREET SUITE B Street Address (P.O. Box Number is Not Acceptable) NEPTUNE BEACH, FL 32266 City 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 Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. DP Addition Delete TITLE TITLE Montgomery, Glenn KNOWLES, MARK A NAME NAME 10237 Trevor Creek Drive East 3840 CROWN POINT RD., STE. A STREET ADDRESS STREET ADDRESS Jacksonville, Fl 32257 JACKSONVILLE, FL 32257 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change **Z** Addition TITI F Schmitt, Lawrence NAME HOLLAND, BEVERLY J NAME 10245 Emma Lakes Drive 3840 CROWN POINT RD., STE. A STREET ADDRESS STREET ADDRESS Jacksonville, Fl 32257 CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP Change ddition STD TITLE TITLE HART, CURTIS L NAME NAME Worsham, Joseph 10227 Trevor Creek Drive West 3840 CROWN POINT RD, STE A STREET ADDRESS STREET ADDRESS Jacksonville, FL 32257 CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-7IP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE

FILED

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.

NAME

STREET ADORESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 904-449-235 SIGNATURE: