2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005
Secretary of State

DOCUMENT# N00000007181

Entity Name: DELTA WAY PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2061-2 DELTA WAY
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

PO BOX 3209
TALLAHASSEE, FL 32315

New Mailing Address:

FEI Number: 59-3726555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FINKLEA, JODY
2061-2 DELTA WAY
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	DUNLAP, DAVIDSON F JR.	
Address:	2057 DELTA WAY	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	VD	( ) Delete
Name:	OWENS, TOMMY	
Address:	2061-1 DELTA WAY	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	SD	( ) Delete
Name:	FINKLEA, JODY	
Address:	2061-2 DELTA WAY	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	TAS	( ) Delete
Name:	BRYANT, FREDERICK M ESQ	
Address:	2061-2 DELTA WAY	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	AS	( ) Delete
Name:	TOOLE, DANA G	
Address:	2057 DELTA WAY	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	AS	( ) Delete
Name:	GRISSOM, ANNETTE	
Address:	2061-1 DELTA WAY	
City-St-Zip:	TALLAHASSEE, FL 32303	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JODY LAMAR FINKLEA SD 01/24/2005

Electronic Signature of Signing Officer or Director — Date