


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90017 031 \*\*\*\*61.25

<b>DOCUMENT # N01000000073</b>					
<b>1. Entity Name</b> CHARTER OAK/DELLVIEW NEIGHBORHOOD ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2125 CHARTER OAK DR. TALLAHASSEE, FL 32303			<b>Mailing Address</b> 2125 CHARTER OAK DR. TALLAHASSEE, FL 32303		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3690654	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  VICKERS, JUNE 2125 CHARTER OAK DR. TALLAHASSEE, FL 32303			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> VICKERS, JUNE <b>STREET ADDRESS</b> 2125 CHARTER OAK DR. <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		<b>TITLE</b> D/P <b>NAME</b> Vickers, June <b>STREET ADDRESS</b> 2125 Charter Oak Dr. <b>CITY-ST-ZIP</b> Tallahassee, FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DVP <b>NAME</b> KELLER, DEBORAH <b>STREET ADDRESS</b> 2125 CHARTER OAK DR. <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> Deborah Keller <b>STREET ADDRESS</b> 1134 Walden Road <b>CITY-ST-ZIP</b> Tallahassee, FL 32317-8437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> DAVISON, JUDI <b>STREET ADDRESS</b> 2105 EAST DELLVIEW DRIVE <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> McWilliams, Daniel <b>STREET ADDRESS</b> 2105 East Dellview Drive <b>CITY-ST-ZIP</b> Tallahassee, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> VICKERS, JUNE <b>STREET ADDRESS</b> 2125 CHARTER OAK DR. <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> S. Thompson <b>STREET ADDRESS</b> 2137 Charter Oak Drive <b>CITY-ST-ZIP</b> Tallahassee, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> ST <b>NAME</b> DAVIS, BEVERLY <b>STREET ADDRESS</b> 2131 CHARTER OAK DR. <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
<b>SIGNATURE:</b> <u>a. June Vick</u>			(850) 222-6891		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2/11/05 Daytime Phone #		