


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90196 032 ****61.25

DOCUMENT # N01000002464					
1. Entity Name AUDUBON FOREST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 508-A CAPITAL CIRCLE SE TALLAHASSEE, FL 32301		Mailing Address P O BOX 1523 CRAWFORDVILLE, FL 32327			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARRISON, URBAN (HOOT) 214 DUNCAN DRIVE CRAWFORDVILLE, FL 32327			Name Todd Cuskerd		
			Street Address (P.O. Box Number is Not Acceptable) 151 Duncan Drive		
			City Crawfordville	FL	Zip Code 32327
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 <i>Todd W Cuskerd</i>				DATE 5/12/2005	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HAWKINS, TOM	NAME	Todd Cuskerd		
STREET ADDRESS	127 DUNCAN DRIVE	STREET ADDRESS	151 Duncan Drive		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	CITY-ST-ZIP	Crawfordville FL 32327		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CANTERBURY, LEE	NAME	Tan Hawkins		
STREET ADDRESS	236 DUNCAN DRIVE	STREET ADDRESS	127 Duncan Drive		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	CITY-ST-ZIP	Crawfordville FL 32327		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GARCIA, GILLY	NAME	Sherry Shaarny		
STREET ADDRESS	154 GUNCAN DRIVE	STREET ADDRESS	140 Duncan Drive		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	CITY-ST-ZIP	Crawfordville FL 32327		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HARRISON, URBAN (HOOT)	NAME	Marv J Goembel		
STREET ADDRESS	214 DUNCAN DRIVE	STREET ADDRESS	170 Duncan Drive		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	CITY-ST-ZIP	Crawfordville FL 32327		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PORTOR, JEANIE	NAME	Wayne Crowl		
STREET ADDRESS	292 DUNCAN DRIVE	STREET ADDRESS	87 Duncan Drive		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	CITY-ST-ZIP	Crawfordville FL 32327		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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.					
SIGNATURE: <i>Marv J Goembel</i>		MARV J H. GOEMBEL		DATE 4/20/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 926 9708	