

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90072 020 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CUSHARD, TODD  
151 DUNCAN DRIVE  
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name

CYNTHIA McDONALD

Street Address (P.O. Box Number is Not Acceptable)

66 DUNCAN DR

CRAWFORDVILLE

City

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

*Cynthia McDonald*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE:

4/25/07

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
	D	CUSHARD, TOM	151 DUNCAN DRIVE CRAWFORDVILLE FL 32327	
	D	HAWKINS, TOM	127 DUNCAN DR CRAWFORDVILLE FL 32327	
	D	GOAMBEL, MARVIN	170 DUNCAN DR CRAWFORDVILLE FL 32327	
	D	CREEL, WAYNE	87 DUNCAN DRIVE CRAWFORDVILLE FL 32327	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	CYNTHIA McDONALD	66 DUNCAN DR.	CRAWFORDVILLE, FL 32327	
	KATHLEEN NEY	143 DUNCAN DR.	CRAWFORDVILLE, FL 32327	
	JAMES PORTER	183 DUNCAN DR.	CRAWFORDVILLE, FL 32327	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

*Cynthia McDonald*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07

Date

Daytime Phone #