

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

03-15-2005 90019 004 ****61.25

DOCUMENT # N01000004098 1. Entity Name OLD WIRE FOREST HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 672 E. DUVAL ST. LAKE CITY, FL 32055		Mailing Address 672 E. DUVAL ST. LAKE CITY, FL 32055	
2. Principal Place of Business PO Box 1060 Suite, Apt. #, etc.		3. Mailing Address PO Box 1060 Suite, Apt. #, etc.	
City & State Ft. White, FL Zip Country 32038		City & State Fort White, FL Zip Country 32038	
4. FEI Number 59-3733368		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEAS, JOHN H 1214 EAST DUVAL STREET LAKE CITY, FL 32055		7. Name and Address of New Registered Agent Name Paul Dodge Street Address (P.O. Box Number is Not Acceptable) 152 SW Gallberry Ct City Fort White FL Zip Code 32038	
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		DATE 3/11/05 (NOTE: Registered Agent signature required when resigning)	
Filing Fee is \$61.25 Due by May 1, 2005		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	☒ Delete	
STREET ADDRESS	DEAS, JOHN H		
CITY-ST-ZIP	1214 EAST DUVAL STREET LAKE CITY, FL 32055		
TITLE	NAME	☒ Delete	
STREET ADDRESS	LANE, SUE D		
CITY-ST-ZIP	1214 EAST DUVAL STREET LAKE CITY, FL 32055		
TITLE	NAME	☒ Delete	
STREET ADDRESS	ROBERTS, CONNIE B		
CITY-ST-ZIP	1214 EAST DUVAL STREET LAKE CITY, FL 32055		
TITLE	NAME	☐ Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Delete	
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	NAME	☐ Change ☒ Addition	
STREET ADDRESS	Dodge, Paul		
CITY-ST-ZIP	PO Box 1060 Ft. White, FL 32038		
TITLE	NAME	☐ Change ☒ Addition	
STREET ADDRESS	S Barbee, Camellia		
CITY-ST-ZIP	152 SW Gallberry CT Ft. White, FL 32038		
TITLE	NAME	☐ Change ☒ Addition	
STREET ADDRESS	SCOTT, JEFF		
CITY-ST-ZIP	105 SW GRAPEVINE COURT FT WHITE, FL, 32038		
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS			
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)(f), 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:		Date 3/11/05 386 497 3189 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	