

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000004098

1. Entity Name
OLD WIRE FOREST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**PO BOX 1060
FORT WHITE, FL 32038 US**

Mailing Address
**PO BOX 1060
FORT WHITE, FL 32038 US**

DO NOT WRITE IN THIS SPACE



06122007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3733368

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

**DODGE, PAUL
152 SW GALLBERRY CT
FORT WHITE, FL 32038**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 27 2007

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DODGE, PAUL PO BOX 1060 FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARBEE, CAMELLIA 152 SW CALLBERRY CT FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCOTT, JEFF 105 SW GRAPEVINE COURT FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREDERIKSEN, LINDA 401 SW MAPLEWOOD PL FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000771133
08/01/07-80006-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27 2007
Date

386-497
21612
Daytime Phone #