


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90027 040 ****61.25

DOCUMENT # N01000004101		
1. Entity Name OLD WIRE RIDGE 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
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2. Principal Place of Business 890 SW Applewood Glen	3. Mailing Address 890 SW Applewood Glen
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fort White, FL	City & State Fort White, FL
Zip 32038	Zip 32038
Country	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3733371		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 VICKIE L. DUNCAN Street Address (P.O. Box Number is Not Acceptable) 890 SW Applewood Glen 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 *Vickie L. Duncan Treasurer* DATE *2/15/05*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: 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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAN, JOHN H 1214 EAST DUVAL STREET LAKE CITY FL 32055	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Belinda R. Houston 866 SW Applewood Glen Fort White FL 32038	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, SUE D 1214 EAST DUVAL STREET LAKE CITY FL 32055	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robert Lowery 241 SW Applewood Glen Fort White, FL 32038	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, CONNIE B 1214 EAST DUVAL STREET LAKE CITY FL 32055	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Pamela J. Miley 891 SW Applewood Glen Fort White, FL, 32038	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Vickie L. Duncan 890 SW Applewood Glen Fort White, FL 32038	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Vickie L. Duncan Treasurer* DATE *2/15/05* 386-497-2268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR