

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

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000005287</b> 1. Entity Name DE GARMO HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 3720 DE GARMO LN MIAMI, FL 33133	Mailing Address 501 SW DOUGLAS RD MIAMI, FL 33135
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**DO NOT WRITE IN THIS SPACE**



01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1124448	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ROETTGER, JOHN C 3710 DE GARMO LN MIAMI, FL 33133
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**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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUGER, MARK 3720 DE GARMO LANE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TERCEK, JOHN 3730 DE GARMO LANE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, SUZANNE 3721 DE GARMO LANE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000536226  
01/23/07-80070-014 70.00

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:**  **1/16/07 3054481118**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #