

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90001 017 \*\*\*\*61.25

<b>DOCUMENT # N01000006451</b> 1. Entity Name REYNOLDSWOOD ESTATES CIVIC ASSOCIATION, INC.					
Principal Place of Business 3432 REYNOLDSWOOD DR TAMPA, FL 33618			Mailing Address 3432 REYNOLDSWOOD DR TAMPA, FL 33618		
2. Principal Place of Business 3419 REYNOLDSWOOD DR Suite, Apt. #, etc.		3. Mailing Address 3419 REYNOLDSWOOD DR Suite, Apt. #, etc.			
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number NOT APPLICABLE	
Zip 33618		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  HUNTER, ANN 3435 REYNOLDSWOOD DR TAMPA, FL 33618				7. Name and Address of New Registered Agent  Name JOHN LEE Street Address (P.O. Box Number is Not Acceptable) 3419 REYNOLDSWOOD DR City TAMPA FL Zip Code 33618	
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 <u>John Lee (P) JOHN R. LEE</u> DATE <u>3-2-06</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME PARKER, TODD STREET ADDRESS 3422 REYNOLDSWOOD DR CITY-ST-ZIP TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete		TITLE P NAME JOHN LEE STREET ADDRESS 3419 REYNOLDSWOOD DR CITY-ST-ZIP TAMPA, FL 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME FONTRISS, RICHARD STREET ADDRESS 3431 REYNOLDSWOOD DR CITY-ST-ZIP TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete		TITLE V NAME MARY ANN MARTIN STREET ADDRESS 3432 REYNOLDSWOOD DR CITY-ST-ZIP TAMPA, FL 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME HUNTER, ANN STREET ADDRESS 3435 REYNOLDSWOOD DR CITY-ST-ZIP TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete		TITLE ST NAME KEVIN DORSEY STREET ADDRESS 3425 REYNOLDSWOOD DR CITY-ST-ZIP TAMPA, FL 33618	<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	
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 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 a address, with all other like empowered.					
SIGNATURE: <u>John Lee JOHN R. LEE</u> DATE <u>3-2-06</u> DAYTIME PHONE # <u>813-968-1026</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					