

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N01000006625

1. Entity Name
CALLAWAY OWNERS ASSOCIATION, INC.



Principal Place of Business
2806 W US 90
STE 101
LAKE CITY, FL 32055

Mailing Address
2806 W US 90
STE 101
LAKE CITY, FL 32055

FILED
Feb 23, 2004 08:00 AM
Secretary of State



02182004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3751193

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CRAPPS, DANIEL
2806 W US 90 STE 101
LAKE CITY, FL 32055

**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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000063832
02/23/04-86177-015 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CRAPPS, DANIEL
2806 W US 90 STE 101
LAKE CITY, FL 32055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SPARKS, CHARLES S
2806 W US 90 STE 101
LAKE CITY, FL 32055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
CRAWFORD, STANLEY
RT 18, BOX 970
LAKE CITY, FL 32025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL CRAPPS

2/18/04

Date

386-755-5110

Daytime Phone #