

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

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



01292005 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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CRAPPS, DANIEL
STREET ADDRESS	2806 W US 90 STE 101
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	VD
NAME	SPARKS, CHARLES S
STREET ADDRESS	2806 W US 90 STE 101
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	STD
NAME	CRAWFORD, STANLEY
STREET ADDRESS	RT 18, BOX 970
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000211817
02/02/05-80134-020 61.25

**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)(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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2005 386-755-516
Date Daytime Phone #