

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001900

FILED
Mar 16, 2005
Secretary of State

Entity Name: DON DANILO ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2704 S.W. 20TH AVENUE
OCALA, FL 34474

New Principal Place of Business:

11100 NE JACKSONVILLE RD
ANTHONY, FL 32617

Current Mailing Address:

2704 S.W. 20TH AVENUE
OCALA, FL 34474

New Mailing Address:

11131 OLEANDER DR
CLERMONT, FL 34711

FEI Number: 97-0921542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

J. WARREN BULLARD
18 N.W. THIRD AVENUE
OCALA, FL 34475 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: DIAZ, CRISTOBAL
Address: 2704 S.W. 20TH AVENUE
City-St-Zip: Ocala, FL 34474

Title: VSD () Delete
Name: DIAZ, MARIA E
Address: 2704 S.W. 20TH AVENUE
City-St-Zip: Ocala, FL 34474

Title: D () Delete
Name: STRUTHERS, ALLEN B
Address: 11100 N.E. JACKSONVILLE ROAD, #6
City-St-Zip: ANTHONY, FL 32617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: DIAZ, CRISTOBAL
Address: 11131 OLEANDER DR.
City-St-Zip: CLERMONT, FL 34711

Title: VP (X) Change () Addition
Name: DIAZ, MARIA E
Address: 11131 OLEANDER DR.
City-St-Zip: CLERMONT, FL 34711

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRISTOBAL DIAZ

PST

03/16/2005

Electronic Signature of Signing Officer or Director

_____ Date