

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 MAY 17 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000002858

1. Entity Name
SUWANNEE RIVER OLD TOWN OWNER'S
ASSOCIATION, INC.



Principal Place of Business
P. O. BOX 985, HWY. 19 SOUTH
OLD TOWN, FL 32680

Mailing Address
P. O. BOX 985, HWY. 19 SOUTH
OLD TOWN, FL 32680



05082006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3718360

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERRING, H. DALE
HWY. 19 SOUTH
OLD TOWN, FL 32680

**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 September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

600075221906
15/25/06--01011--004 **1411.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HERRING, H. DALE
STREET ADDRESS P. O. BOX 985, HWY. 19 SOUTH
CITY-ST-ZIP OLD TOWN, FL 32680

TITLE VSD
NAME CARPENTER, KIMBERLY A
STREET ADDRESS P. O. BOX 985, HWY. 19 SOUTH
CITY-ST-ZIP OLD TOWN, FL 32680

TITLE VTD
NAME LITCHFIELD, LOIS D
STREET ADDRESS P. O. BOX 777, COOPER RD.
CITY-ST-ZIP OLD TOWN, FL 32680

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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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

924
20