

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 AM
Secretary of State

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**



02232007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3718360

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

**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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

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

U00000703225
04/20/07-80133-005 61.25

**DO NOT WRITE
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

4-11-07
Date Daytime Phone #