


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000003697	
1. Entity Name CROOKED RIVER OAKS HOMEOWNERS'S ASSOCIATION, INC.	

Principal Place of Business. 8026 MOONLIGHT LANE NEW PORT RICHEY, FL 34654	Mailing Address 8026 MOONLIGHT LANE NEW PORT RICHEY, FL 34654
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03022005 No Chg-NP CR2E037 (10/03)

4. FEI Number 01-0716483	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GOODMAN, LESLIE
1624 EASTLAKE WOODLANDS PKWY
OLDSMAR, FL 34677

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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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PULLIAM, RICHARD 8026 MOONLIGHT LN NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PULLIAM, LINDA 8026 MOONLIGHT LN NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOODMAN, LESLIE 1624 EASTLAKE WOODLANDS PARKWAY OLDSMAR, FL 34677
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03/31/05-80019-016 61.25

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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: *Richard Pulliam* Richard Pulliam x 3-28-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #