2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000173

FILED Apr 28, 2006 Secretary of State

Entity Name: FLORIDA FOUR WHEEL DRIVE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1568 ARBOR LANE

FERNANDINA BEACH, FL 32034

Current Mailing Address: New Mailing Address:

1568 ARBOR LANE

FERNANDINA BEACH, FL 32034

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAWKINS, JENNIFER 1568 ARBOR LANE

FERNANDINA BEACH, FL 32034 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: BRINKLEY, SCOTT Name: KAWAJA, JASON
Address: 2319 FIELDINGWOOD ROAD Address: 3612 NW 53RD TERRACE

City-St-Zip: MAITLAND, FL 32751 Address. 3612 NW 53RD TERRACE

City-St-Zip: GAINESVILLE, FL 32606

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 ENZOR, MICHAEL
 Name:
 HAWKINS, JENNIFER

 Address:
 1158 S COOPER DR
 Address:
 1568 ARBOR LANE

City-St-Zip: DELTONA, FL 32725 City-St-Zip: FERNANDINA BEACH, FL 32034

Title: T () Delete Title: S (X) Change () Addition Name: HAWKINS, JENNIFER Name: TAYLOR, DAWN

 Address:
 1568 ARBOR LANE
 Address:
 1211 PATHWAY DRIVE

 City-St-Zip:
 DELTONA, FL 32725
 City-St-Zip:
 ORLANDO, FL 32825

 $\label{eq:title:definition} \mbox{Title:} \qquad \mbox{D} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{T} \qquad \mbox{(X) Change () Addition}$

 Name:
 HAWKINS, RUSSELL M
 Name:
 HAWKINS, RUSSELL M

 Address:
 1568 ARBOR LANE
 Address:
 1568 ARBOR LANE

City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JENNIFER HAWKINS VP 04/28/2006