

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000378

FILED  
Feb 15, 2005  
Secretary of State

**Entity Name:** BROKEN BOW HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

794 SANDERS RD STE 1  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

1166 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119

**Current Mailing Address:**

794 SANDERS RD STE 1  
PORT ORANGE, FL 32127

**New Mailing Address:**

1166 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119

**FEI Number:** 55-0827307

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOREY, ROBERT KIT  
595 W GRANADA BLVD STE A  
ORMOND BEACH, FL 32174 US

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

BARKIN, MICHELE J  
1166 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119 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: MICHELE J. BARKIN

02/15/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PAYTAS, JAMES W JR  
Address: 794 SANDERS RD STE 1  
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete  
Name: PAYTAS, SANDRA L  
Address: 794 SANDERS RD STE 1  
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete  
Name: KOREY, ROBERT KIT  
Address: 595 W GRANADA BLVD  
City-St-Zip: ORMOND BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: KROPP, CARL  
Address: 5925 BROKEN BOW  
City-St-Zip: PORT ORANGE, FL 32127

Title: DVP (X) Change ( ) Addition  
Name: STRAKA, RICHARD  
Address: 5932 BROKEN BOW  
City-St-Zip: PORT ORANGE, FL 32127

Title: DST (X) Change ( ) Addition  
Name: WRIGHT, TOM  
Address: 5931 BROKEN BOW  
City-St-Zip: ORMOND BEACH, FL 32127

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: CARL KROPP

DP

02/15/2005

Electronic Signature of Signing Officer or Director

Date