## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2005 8:00 am Secretary of State

				. Sec	retary oi St	alt
DOCUMENT # N0300001389  1. Entity Name DELANEY WOODS HOMEOWNERS ASSOCIATION, INC.					9-2005 90204 033 ****6	
Principal Place 1717 E FOW TAMPA, FL 3	LER AVE	Mailing Address 1717 E FOWLER AVE TAMPA, FL 33612				
	lace of Business Temple Terrace Hwy	3. Mailing Address 7001 Temple Terra	and Huma			
Suite, Apt.	#, etc. <b>V</b>	Suite, Apt. #, etc.	ice Nacy	03312005 Chg-N	P CR2E037 (10/03)	
_City & State		City & State Terrace		4. FEI Number 34-1993127		pplied For of Applicable
33637	Country USA		Country USA	5. Certificate of Status	Desired	ditional ed
	6. Name and Address of Current Re	gistered Agent	<del></del>	7. Name and Address	of New Registered Agent	
BENNETT, SUSAN F 401 E JACKSON STREET STE 2200			Street Address (P.O. Box Number is Not Acceptable)			
TAMPA, FL 33602			6221 Land OLakes BLUD.			
				DOLAKES	FL Zip Coo	,38 l
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 HUTANIO DIRECTOR 4/6:08						
SIGNATURE.	*		TONION	JAZIL DY	+ 4/6:05	<u> </u>
SIGNATURE .	Signature typed or printed name of registered agent and	title if applicable. NOTE: Reg	JTO/JOS gistered Agent signature require	when reinstating)	DATE DATE	
SIGNATURE	Signature kyled or printed name of registered agent and Filling Fee Is \$61.25 Due by May 1, 2005	9. Election Campaigntst Fund Contri	gn Financing	\$5.00 May Be Added to Fees	Make check payable Florida Department of S	
SIGNATURE	Filing Fee is \$61.25	9. Election Campaig Trust Fund Contr	ign Financing ribution.	\$5.00 May Be Added to Fees		state
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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.

CITY-ST-ZIP

SIGNATURE: 1

William C Crowder William C Crowder

4-25-05

813-971-1040

Daytime Phone #