


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-29-2005 90204 033 ****61.25

DOCUMENT # N03000001389 1. Entity Name DELANEY WOODS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1717 E FOWLER AVE TAMPA, FL 33612			Mailing Address 1717 E FOWLER AVE TAMPA, FL 33612		
2. Principal Place of Business <i>7001 Temple Terrace Hwy</i>		3. Mailing Address <i>7001 Temple Terrace Hwy</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Temple Terrace, FL</i>		City & State <i>Temple Terrace, FL</i>		4. FEI Number 34-1993127	
Zip <i>33637</i>		Country <i>USA</i>		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 BENNETT, SUSAN F 401 E JACKSON STREET STE 2200 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name <i>Antonio Duarte, III P.A.</i> Street Address (P.O. Box Number is Not Acceptable) <i>6221 Land O Lakes Blvd.</i> City <i>LAND O LAKES</i> FL Zip Code <i>34638</i>		
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Antonio Duarte</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <i>4/6/05</i>	
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete COUCH, THEODORE J JR 1717 E FOWLER AVE TAMPA, FL 33612		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete CROWDER, WILLIAM C 1717 E FOWLER AVE TAMPA, FL 33612		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete CAPITANO, JOSEPH C SR 1717 E FOWLER AVE TAMPA, FL 33612		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>William C Crowder</i> William C Crowder (U.P.) <i>4-25-05</i> 813-971-1040 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					