

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000001667

1. Entity Name

FORT SOCRUM CROSSING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**3240 GALLOWAY RD
LAKELAND FL 33810**

**3240 GALLOWAY RD
LAKELAND FL 33810**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0878452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JENKINS, E. WAYNE
3240 GALLOWAY RD
LAKELAND FL 33810**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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-STATE-ZIP
**PS
JENKINS, E. WAYNE
3240 GALLOWAY RD
LAKELAND FL 33810** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**U00000619108
02/08/07-80058-007 61.25** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**V
GOLDSMITH, JOE
3240 GALLOWAY RD
LAKELAND FL 33810** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
 ☐ Change ☐ Addition

TITLE
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CITY-STATE-ZIP
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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

[Signature]

E. Wayne Jenkins

1-22-07

963-959-1402