


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90060 048 ****61.25

JUUUJ706

DOCUMENT # N03000003247	
1. Entity Name DORRWAY DRIVE LANDOWNERS' ASSOCIATION, INC.	

Principal Place of Business 20636 FOREST ROAD 572-A ALTOONA, FL 32702	Mailing Address 20636 FOREST ROAD 572-A ALTOONA, FL 32702
---	---

DO NOT WRITE IN THIS SPACE



01182005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
---------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

HALE, HAYDEN K
 20636 FOREST ROAD 572-A
 ALTOONA, FL 32702

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HALE, HAYDEN K 20636 FOREST ROAD 572-A ALTOONA, FL 32702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALE, BETTY M 20636 FOREST ROAD 572-A ALTOONA, FL 32702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, DANIEL C JR 20636 FOREST ROAD 572-A ALTOONA, FL 32702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DEBO, THOMAS A 45400 DORRWAY DRIVE ALTOONA, FL 32702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: HAYDEN K. HALE *Hayden K. Hale* 1/27/05 352-669-2024
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #