

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003247

FILED
Apr 13, 2006
Secretary of State

Entity Name: DORRWAY DRIVE LANDOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

20636 FOREST ROAD 572-A
ALTOONA, FL 32702

New Principal Place of Business:

20636 FOREST ROAD 572-A
ALTOONA, FL 32702 US

Current Mailing Address:

20636 FOREST ROAD 572-A
ALTOONA, FL 32702

New Mailing Address:

20636 FOREST ROAD 572-A
ALTOONA, FL 32702 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HALE, HAYDEN K
Address: 20636 FOREST ROAD 572-A
City-St-Zip: ALTOONA, FL 32702

Title: D () Delete
Name: HALE, BETTY M
Address: 20636 FOREST ROAD 572-A
City-St-Zip: ALTOONA, FL 32702

Title: D () Delete
Name: HALL, DANIEL C JR
Address: 20636 FOREST ROAD 572-A
City-St-Zip: ALTOONA, FL 32702

Title: DST () Delete
Name: DEBO, THOMAS A
Address: 45400 DORRWAY DRIVE
City-St-Zip: ALTOONA, FL 32702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HALE, HAYDEN K
Address: 20636 FOREST ROAD 572-A
City-St-Zip: ALTOONA, FL 32702 US

Title: D (X) Change () Addition
Name: HALE, BETTY M
Address: 20636 FOREST ROAD 572-A
City-St-Zip: ALTOONA, FL 32702 US

Title: D (X) Change () Addition
Name: HALL, DANIEL C JR
Address: 20636 FOREST ROAD 572-A
City-St-Zip: ALTOONA, FL 32702 US

Title: DST (X) Change () Addition
Name: DEBO, THOMAS A
Address: 45400 DORRWAY DRIVE
City-St-Zip: ALTOONA, FL 32702 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: HAYDEN K. HALE

_____ Electronic Signature of Signing Officer or Director

O/D

04/13/2006

_____ Date