2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000006069

1. *Entity Name*
PURDUE ROAD OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9302 N MERIDIAN ST STE 248 INDIANAPOLIS, IN 46260	9302 N MERIDIAN ST STE 248 INDIANAPOLIS, IN 46260

01032005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
32-0084636
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional *Fee Required*

6. **Name and Address of Current Registered Agent**

CONNER, DABNEY L
245 S CENTRAL AVE
BARTOW, FL 33830

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	DP
NAME	HACKL, A.J. JR.
STREET ADDRESS	9302 N MERIDAN ST STE 248
CITY-ST-ZIP	INDIANAPOLIS, IN 46260
TITLE	DST
NAME	WILSON, DONALD H JR
STREET ADDRESS	245 S CENTRAL AVE
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	D
NAME	PARKER, SEAN R
STREET ADDRESS	245 CENTRAL AVE
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/07/05-80015-005 61.25

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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.

SIGNATURE: Albert James Hackl, JR 1/3/05 315 571 2356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #