2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000006069

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

FILED
05 FEB 16 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

02142005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
P.O. Box 965	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CHIEFLAND, FLORIDA	City & State: SAME
Zip: 32644-0965 Country: USA	Zip: SAME Country: SAME

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	7. Name and Address of New Registered Agent
CONNER, DABNEY L 245 S CENTRAL AVE BARTOW, FL 33830 PURDUE ROAD OWNER'S ASS'N, INC PO BOX 965 CHIEFLAND, FLORIDA. 32644-0965	Name: CHARLES BAGGETT Street Address (P.O. Box Number is Not Acceptable): P.O. BOX 1481 CHIEFLAND, FLORIDA 32644 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 reinstating) DATE

Amended AR is $61.25

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-ST-ZIP	DP HACKL, A.J. JR. 9302 N MERIDIAN ST STE 248 INDIANAPOLIS, IN 46260	☒ Delete	CHARLES BAGGETT P.O.BOX 1481 CHIEFLAND, FL 32644	☒ Change ☐ Addition D.P.S.T.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST WILSON, DONALD H JR 245 S CENTRAL AVE BARTOW, FL 33830	☒ Delete	CHARLES JEFFERSON P.O.BOX 67 CHIEFLAND, FL 32644	☒ Change ☐ Addition D.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARKER, SEAN R 245 CENTRAL AVE BARTOW, FL 33830	☒ Delete	CHARLES KELLY 5425 EAST ARBOR STREET INVERNESS FL 33452	☒ Change ☐ Addition D.V.P.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	700047123147 02/23/05--01018--024 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: _____ 2-14-05 352-221-0866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #