


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/1

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-01-2006 90038 014 ****61.25

DOCUMENT # N03000006069			
1. Entity Name PURDUE ROAD OWNER'S ASSOCIATION, INC.			
Principal Place of Business P O BOX 965 CHIEFLAND, FL 32644-0965		Mailing Address P O BOX 965 CHIEFLAND, FL 32644-0965	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

00001111



01102006 Chg-NP CR2E037 (11/05)

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	
BAGGETT CHARLES		Name	
10950 NW 60TH LANE		Street Address (P.O. Box Number is Not Acceptable)	
CHIEFLAND, FLORIDA 32626		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 *Charles Baggett* **CHARLES BAGGETT** 2/21/2006
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PDST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGGETT, CHARLES	NAME	
STREET ADDRESS	P O BOX 1481	STREET ADDRESS	
CITY - ST - ZIP	CHIEFLAND, FL 32644	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERSON, CHARLES	NAME	
STREET ADDRESS	P O BOX 67	STREET ADDRESS	
CITY - ST - ZIP	CHIEFLAND, FL 32644	CITY - ST - ZIP	
TITLE	DVP <input checked="" type="checkbox"/> Delete	TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, CHARLES	NAME	GABRIEL MONTPETIT
STREET ADDRESS	5425 EAST ARBOR STREET	STREET ADDRESS	5128 RIVER POINT CT.
CITY - ST - ZIP	INVERNESS, FL 33452	CITY - ST - ZIP	NEW PORT RICHEY FL 34653
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Charles Baggett* **CHARLES BAGGETT** 2/21/06 352-221-0866
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT
66007141

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2006

PURDUE ROAD OWNER'S ASSOCIATION, INC.
P O BOX 965
CHIEFLAND, FL 32644-0965

Subject: PURDUE ROAD OWNER'S ASSOCIATION, INC.

Reference Number: **N03000006069**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION