

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007677

FILED  
Mar 31, 2007  
Secretary of State

**Entity Name:** ROAD OWNERS' MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

6995 SW 68TH STREET  
JASPER, FL 32052

**New Principal Place of Business:**

3327 SCRUB OAK LANE  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

6995 SW 68TH STREET  
JASPER, FL 32052

**New Mailing Address:**

3327 SCRUB OAK LANE  
JACKSONVILLE, FL 32223

**FEI Number:** 55-0859109

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCAFF, SONNY ESQ  
215 NE 2ND ST  
JASPER, FL 32052 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: PD ( ) Delete  
Name: STOKES, LEE  
Address: 3327 SCRUB OAK LANE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD ( ) Delete  
Name: HERBERT, STEVE  
Address: 1720 SANDY HOLLOW LOOP  
City-St-Zip: MIDDLEBURG, FL 32608

Title: DT ( ) Delete  
Name: HAFER, STEVE  
Address: 2133 WOOD GLEN LANE  
City-St-Zip: MARIETTA, GA 30067

Title: DS ( ) Delete  
Name: HANSON, JOY  
Address: 8521 BASS LAKE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: HAFER, STEVE  
Address: 2133 WOOD GLEN LANE  
City-St-Zip: MARIETTA, GA 30067

Title: SD (X) Change ( ) Addition  
Name: HANSON, JOY  
Address: 8521 BASS LAKE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654

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: STEVE HAFER

TD

03/31/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date