

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008897

FILED
Apr 27, 2006
Secretary of State

Entity Name: DOUBLE BRIDGES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

200 DARK HORSE LANE
HASTINGS, FL 32145

New Principal Place of Business:

Current Mailing Address:

200 DARK HORSE LANE
HASTINGS, FL 32145

New Mailing Address:

FEI Number: 20-0776824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, KATHERINE G
780 N PONCE DE LEON BLVD
ST AUGUSTINE, FL 32084 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: D () Delete
Name: WADSWORTH, LEWIS E III
Address: 200 DARK HORSE LANE
City-St-Zip: HASTINGS, FL 32145

Title: D () Delete
Name: WADSWORTH, LYNETTE
Address: 200 DARK HORSE LANE
City-St-Zip: HASTINGS, FL 32145

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: WADSWORTH, LEWIS E III
Address: 200 DARK HORSE LANE
City-St-Zip: HASTINGS, FL 32145

Title: ST/D (X) Change () Addition
Name: WADSWORTH, LYNETTE
Address: 200 DARK HORSE LANE
City-St-Zip: HASTINGS, FL 32145

Title: VP/D () Change (X) Addition
Name: ROGELL, JOHN
Address: PO BOX 10837
City-St-Zip: DAYTONA BEACH, FL 32120 US

Title: D () Change (X) Addition
Name: WALKER, STACY
Address: 60 SURFVIEW DRIVE #305
City-St-Zip: PALM COAST, FL 32137 US

Title: D () Change (X) Addition
Name: YEH, STEVEN
Address: 65 LARAMIE DRIVE
City-St-Zip: PALM COAST, FL 32137 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: LEWIS E WADSWORTH III

P/D

04/27/2006

Electronic Signature of Signing Officer or Director

Date