2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N04471

1. Entity Name
212 SOUTH OLD DIXIE HIGHWAY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
212 S. OLD DIXIE HWY JUPITER, FL 33458	19985 EARLWOOD DR JUPITER, FL 33458

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01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2464940
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HSU, CHARLES
212 S. OLD DIXIE HWY
JUPITER, FL 33458

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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	PD
NAME	FLANNAGAN, CHARLES T
STREET ADDRESS	300 TONEY PENNA DR
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	ST
NAME	WEIR, BARBARA
STREET ADDRESS	19985 EARLWOOD DR
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	VD
NAME	HSE, CHARLES
STREET ADDRESS	212 S. OLD DIXIE HWY
CITY-ST-ZIP	JUPITER, FL 33458
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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01/21/05-80035-021 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: Barbara Weir Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #