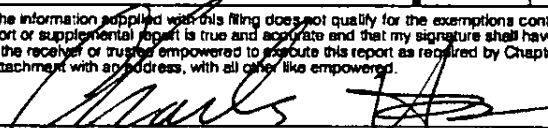


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

01-18-2007 90115 016 ****61.25

1/1

DOCUMENT # N04471 1. Entity Name 212 SOUTH OLD DIXIE HIGHWAY OWNERS ASSOCIATION, INC.					
Principal Place of Business 19885 EARLWOOD DR JUPITER, FL 33458				Mailing Address 19885 EARLWOOD DR JUPITER, FL 33458	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 01032007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 WEIR, BARBARA 19885 EARLWOOD DR JUPITER, FL 33458				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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					
TITLE	PD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	FLANNAGAN, CHARLES T		NAME		
STREET ADDRESS	300 TONEY PENNA DR		STREET ADDRESS		
CITY- ST- ZIP	JUPITER, FL 33458		CITY- ST- ZIP		
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WEIR, BARBARA		NAME		
STREET ADDRESS	19885 EARLWOOD DR		STREET ADDRESS		
CITY- ST- ZIP	JUPITER, FL 33458		CITY- ST- ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HSU, CHARLES		NAME		
STREET ADDRESS	212 S. OLD DIXIE HWY		STREET ADDRESS		
CITY- ST- ZIP	JUPITER, FL 33458		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ 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: 			2-12-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		