

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/7

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90364 006 \*\*\*\*61.25

<b>DOCUMENT # N05000001442</b> 1. Entity Name <b>REDDICK'S CORNER HOMEOWNER'S ASSOCIATION, INC.</b>																															
Principal Place of Business <b>295 FIRST ST. SOUTH WINTER HAVEN, FL 33880</b>		Mailing Address <b>295 FIRST ST. SOUTH WINTER HAVEN, FL 33880</b>																													
2. Principal Place of Business <b>2045 San Marcos Drive City &amp; State Winter Haven, FL Zip: 33880 Country: USA</b>		3. Mailing Address <b>2045 San Marcos Drive City &amp; State Winter Haven, FL Zip: 33880 Country: USA</b>																													
4. FEI Number <b>03072006 Chg-NP</b>		CR2E037 (11/05) <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>BRINSON, J. KEMP 255 MAGNOLIA AVE SW WINTER HAVEN, FL 33880</b>																													
7. Name and Address of New Registered Agent <b>Richard A Tenaglia c.o. Creative Association Serv., Inc. 2045 San Marcos Drive Winter Haven, FL 33880</b>		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 <u>Richard A. Tenaglia</u> <span style="float: right;">DATE _____</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for reinstating)</small>																															
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																													
<b>Make check payable to Florida Department of State</b>																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 25%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 75%;"> <b>PO CASSIDY, AL 295 FIRST ST. SOUTH WINTER HAVEN, FL 33880</b> <input type="checkbox"/> Delete         </td> <td style="width: 25%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 75%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> <b>VD ADAMS, D. JOEL 3020 S FLORIDA AVE STE 101 LAKELAND, FL 33813</b> <input type="checkbox"/> Delete         </td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> <b>STD ADAMS, ROBERT 3020 S FLORIDA AVE STE 101 LAKELAND, FL 33813</b> <input type="checkbox"/> Delete         </td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> <input type="checkbox"/> Delete         </td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> <input type="checkbox"/> Delete         </td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> <input type="checkbox"/> Delete         </td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PO CASSIDY, AL 295 FIRST ST. SOUTH WINTER HAVEN, FL 33880</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD ADAMS, D. JOEL 3020 S FLORIDA AVE STE 101 LAKELAND, FL 33813</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD ADAMS, ROBERT 3020 S FLORIDA AVE STE 101 LAKELAND, FL 33813</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.																															
<b>SIGNATURE:</b> <u>[Signature]</u> <span style="float: right;">Date _____ Daytime Phone # _____</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																															

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