2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (A常)

Mar 15, 2006 8:00 am Secretary of State DOCUMENT # N05000003404 03-01-2006 90002 047 ****61.25 1. Entity Name **OAKWOOD TERRACE TOWNHOMES PROPERTY OWNERS** ASSOCIATION, INC. Principal Place of Business Mailing Address 2637 MCCORMICK DRIVE CLEARWATER FL 33759 2637 MCCORMICK DRIVE CLEARWATER FL 33759 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) 4. FEI Number City & State City & State Applied For Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLOWERS, G.E. 2637 MCCORMICK DRIVE Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 33759** City 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 SIGNATURE (NOTE: Registered Agent regionary required when constituting) **"**是是我们是我们的 FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be . Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete ☐ Change ■ Addition FLOWERS, G.E. NAME NAME STREET ADDRESS 2637 MCCORMICK DRIVE STREET ADDRESS CLEARWATER FL 33759 CITY-ST-70 CiTY - ST - 7IP TITLE Delete ☐ Change TITLE ☐ Addition MILLER, LARRY 2637 MCCORMICK DRIVE STREET ADDRESS STREET ADDRESS CLEARWATER FL 33759 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Cetate DILE - Change Addition NAME JACZKO, THERESA NAME 2637 MCCORMICK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33759 CITY-S1-ZIP TITL F ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Delate TITLE TITLE Change □ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST. 70 TITLE ☐ Delete TITLE ☐ Chance ■ Addition MALLE MANIF 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 Section 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:



Division of Corporations

March 3, 2006

OAKWOOD TERRACE TOWNHOMES PROPERTY OWNERS ASSOCIATION, 2637 MCCORMICK DRIVE CLEARWATER, FL 33759

Subject: OAKWOOD TERRACE TOWNHOMES PROPERTY OWNERS

Reference Number:

N05000003404

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cj ANNUAL REPORTS SECTION