

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000008492

1. Entity Name
**THE DIXIE COMMONS PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**301 S. CENTRAL AVENUE
FLAGLER BEACH, FL 32136**

Mailing Address
**301 S. CENTRAL AVENUE
FLAGLER BEACH, FL 32136**

DO NOT WRITE IN THIS SPACE



01212008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CONNER, TIMOTHY J
2 JUNGLE HUT RD STE 1
PALM COAST, FL 32137**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME SMITH, RICH
STREET ADDRESS 301 S CENTRAL AVE
CITY-ST-ZIP FLAGLER BCH, FL 32136

TITLE D
NAME SMITH, LISA P
STREET ADDRESS 301 S CENTRAL AVE
CITY-ST-ZIP FLAGLER BCH, FL 32136

TITLE D
NAME CONNER, TIMOTHY J
STREET ADDRESS 2 JUNGLE HUT RD STE 1
CITY-ST-ZIP PALM COAST, FL 32137

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

U00000794962

01/28/08-80028-015 61.25

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-08

3864393011