

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2005 NOV -7 AM 9:47

SECRETARY OF STATE
10095 WALKER BLVD
11/07/05-01604-5811 \$469.00



| | | | | | |
|---|---|---|--|---|--|
| DOCUMENT # N07009 1. Entity Name FLORAHOME PROPERTY OWNERS, INC. | | | | | |
| Principal Place of Business P O BOX 61 FLORAHOME, FL 32140 | | | Mailing Address P O BOX 61 FLORAHOME, FL 32140 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3015892 | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| NESBITT, THOMAS JR 4252 ST. JOHNS AVE JACKSONVILLE, FL 32210 | | | | Name Bea Merrill Street Address (P.O. Box Number is Not Acceptable) 228 Indian Lakes Forest Road City Florahome FL Zip Code 32140 | |
| 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. BERDINA MERRILL SIGNATURE Berdina (Bea) Merrill Secretary/Treasurer 10-31-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST WILSON, LAMAR A. 234 INDIAN LAKES FORREST FLORAHOME, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Jeanette Schrupp 174 Indian Lakes Forest Rd Florahome, FL 32140 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD WILLIAMS, MALCOM 167 INDIAN LAKES FORREST RD FLORAHOME, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Cecle Bennett 166 Indian Lake Forest Rd. Florahome, FL 32140 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JAMES, WILLIAM 106 INDIAN LAKES LN FLORAHOME, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T Bea Merrill 228 Indian Lakes Forest Rd Florahome, FL 32140 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TODD, CLIFFORD 109 INDIAN TRAIL FLORAHOME, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Howard Schrupp 174 Indian Lakes Forest Rd Florahome, FL 32140 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RIGDON, KEITH L. 111 INDIAN TRAIL FLORAHOME, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Raymond Merrill 228 Indian Lakes Forest Rd Florahome, FL 32140 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROWN, ROBERT 163 INDIAN TRAIL FLORAHOME, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: Berdina (Bea) Merrill <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 10-31-05 386 1659-1748 <small>Date Daytime Phone #</small> | | |

11/12/05