


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90090 001 ****61.25

| | | | | | |
|---|------------------------------|---|---|--|--|
| DOCUMENT # N08349 1. Entity Name ENISWOOD HOMEOWNERS' ASSOCIATION, INC. | | | |  | |
| Principal Place of Business POST OFFICE BOX 1754 PALM HARBOR, FL 34682 US | | | Mailing Address POST OFFICE BOX 1754 PALM HARBOR, FL 34682 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SALMON, MICKEY L M.D. 3107 ENISGROVE DR. E. PALM HARBOR, FL 34683 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution. | | \$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 | DP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | SALMON, MICKEY L | | NAME | Alice Hazlebaker | |
| STREET ADDRESS | 3107 ENISGROVE DR E | | STREET ADDRESS | 3309 Enisgrove Dr. E. | |
| CITY-ST-ZIP | PALM HARBOR, FL 34683 | | CITY-ST-ZIP | Palm Harbor, FL 34683 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | NEHORAI, DANIEL | | NAME | Nehorai, Judith | |
| STREET ADDRESS | 1116 ENISWOOD PARKWAY | | STREET ADDRESS | 1116 Eniswood Parkway | |
| CITY-ST-ZIP | PALM HARBOR, FL 34683 | | CITY-ST-ZIP | Palm Harbor, FL 34683 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | HAYES, DEBORAH | | NAME | Charles Stalter | |
| STREET ADDRESS | 3025 ENISGLEN DR | | STREET ADDRESS | 3904 Enisgrove Dr. | |
| CITY-ST-ZIP | PALM HARBOR, FL 34683 | | CITY-ST-ZIP | Palm Harbor, FL 34683 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | MYRON, MARK | | NAME | Mason, Mary | |
| STREET ADDRESS | 3028 ENISGLEN DR. | | STREET ADDRESS | 1153 Eniswood Parkway | |
| CITY-ST-ZIP | PALM HARBOR, FL 34683 | | CITY-ST-ZIP | Palm Harbor, FL 34683 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | GANTZ, GEORGE | | NAME | Mary Jane Ravel | |
| STREET ADDRESS | 2957 ENISGROVE DR. | | STREET ADDRESS | 1306 Eniswood Parkway | |
| CITY-ST-ZIP | PALM HARBOR, FL 34683 | | CITY-ST-ZIP | Palm Harbor, FL 34683 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TURKALA, ROSEMARY | | NAME | | |
| STREET ADDRESS | 1440 ENISWOOD PARKWAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALM HARBOR, FL 34683 | | 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 of 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 *Mick Salmon, President & Agent* 25 Jan, 2006