


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N12015		
1. Entity Name POWELL SQUARE OWNERS' ASSOCIATION, INC.		
Principal Place of Business 1121 STERLING RD. P.O. BOX 328 INVERNESS, FL 34451	Mailing Address 1121 STERLING RD. P.O. BOX 328 INVERNESS, FL 34451	



02142007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-3099096	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CARLSON, BRIAN A.
 1121 STERLING ROAD
 INVERNESS, FL 34450

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000725985
 05/03/07-80044-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARLSON, BRIAN A
STREET ADDRESS	1121 STERLING ROAD
CITY-ST-ZIP	INVERNESS, FL
TITLE	D
NAME	LATTIN, EDWIN
STREET ADDRESS	1123 STERLING ROAD
CITY-ST-ZIP	INVERNESS, FL
TITLE	D
NAME	GOODMAN, BOBBY J
STREET ADDRESS	1127 STERLING ROAD
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	D
NAME	ZELTZER, GARSON
STREET ADDRESS	1129 STERLING ROAD
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: *Brian A. Carlson* **Brian A. Carlson** **4-18-07** **(352) 637-0437**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #