

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12538

FILED
Mar 31, 2005
Secretary of State

Entity Name: THE DOGWOODS CONDOMINIUM ASSOCIATION OF OCALA, INC.

Current Principal Place of Business:

% TERRI KITCHENS
2405 S.E. 18TH CIR
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

% TERRI KITCHENS
2405 S.E. 18TH CIR
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 59-2659657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KITCHENS, TERRI
2405 S.E. 18TH CIRE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KITCHENS, TERRI PRES
Address: 2405 S.E. 18TH CIR
City-St-Zip: OCALA, FL 34471 US

Title: VD () Delete
Name: HAGA, ROY VICE/PR
Address: 2401 S.E. 18TH CIR
City-St-Zip: OCALA, FL 34471 US

Title: TD () Delete
Name: ESPIET, MILDRED S TRES
Address: 2402 S.E. 18TH CIR
City-St-Zip: OCALA, FL 34471 US

Title: SD () Delete
Name: GALLUPS, CHRYSTAL SEC
Address: 2407 S. E. 18 TH CIRCLE
City-St-Zip: OCALA, FL 34471 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRI KITCHENS

PRES

03/31/2005

Electronic Signature of Signing Officer or Director

Date