

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13657

FILED  
Jan 14, 2006  
Secretary of State

Entity Name: O T O W MEN'S GOLF ASSOC. INC.

**Current Principal Place of Business:**

8700 SW 99TH ST.  
OCALA, FL 34481 US

**New Principal Place of Business:**

**Current Mailing Address:**

9708 SW 97TH ST  
OCALA, FL 34481 US

**New Mailing Address:**

FEI Number: 59-2645911

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHIRLEY, PHILIP C  
9708 SE 97TH ST  
OCALA, FL 34481 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: VD ( ) Delete  
Name: KELLER, JIM VICE PR  
Address: 9635A SW 94 TERR  
City-St-Zip: OCALA, FL 34481

Title: SD ( ) Delete  
Name: D'ADDIO, RICHARD SEC  
Address: 9878 SW 97TH LN  
City-St-Zip: OCALA, FL 34481

Title: PD ( ) Delete  
Name: DELVACCHIO, PAUL PRES  
Address: 9662 SW 96TH ST  
City-St-Zip: OCALA, FL 34481

Title: TD ( ) Delete  
Name: SHIRLEY, PHILIP TREASUR  
Address: 9708 SW 97TH ST  
City-St-Zip: OCALA, FL 34481

**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 Chapter 119, 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: PHILIP C SHIRLEY

TREA

01/14/2006

Electronic Signature of Signing Officer or Director

Date