2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an affact

ment with an address, with all other like empowered.

Secretary of State **DOCUMENT # N17283** 04-12-2005 90155 037 ****61.25 COOK'S CORNER HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 3080,3094,3108 COOKS LANDING RD. 649 HOPKINS LANDING RD. 40030064 QUINCY, FL 32351-9551 US QUINCY, FL 32351-0469 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102005 Chg-NP CR2E037 (10/03) City & State City & State FEI Number 59-3375732 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent : 7. Name and Address of New Registered Agent. DUBREE, ROLAND E 649 HOPKINS LANDING ROAD Street Address (P.O. Box Number is Not Acceptable) QUINCY, FL 32351-0469 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Fiorida Department of State Due by May 1, 2005 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Defete TITLE Change HULCHER, DICK NAME NAME STREET ADDRESS 8348 BENGALIN AVE. STREET ADDRESS COTY-ST-78P JACKSONVILLE, FL 32211 CITY-ST-ZIP Addition TITLE Delete ΠΠF KATHLEEN DUBRES NAME BALDWIN, AMY NAME 3094 COOKSLANDING RD #6 STREET ADORESS STREET ADDRESS CITY-ST-ZIP QUINCY, FL 323519551 CITY-ST-ZIP ☐ Defete TITLE DUBREE, ROLAND E NAME MARKE 649 HOPKINS LANDING ROAD STREET ADDRESS STREET ADDRESS QUINCY, FL 323510469 COTY-ST-7/P CITY-ST-ZP TITLE TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE Delete TITLE Change Addition NAME NUME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this fiting 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

FILED

Apr 12, 2005 8:00 am