2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # N17283

1. Entity Name

COOK'S CORNER HOMEOWNERS ASSOCIATION, INC.



04-26-2006 90180 012 ****61.25

FILED

Apr 26, 2006 8:00 am Secretary of State

Principal Place of Business

3080,3094,3108 COOKS LANDING RD. QUINCY, FL 32351-9551 US

Mailing Address

649 HOPKINS LANDING RD. QUINCY, FL 32351-0469 US



03132006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 59-3375732

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUBREE, ROLAND E 649 HOPKINS LANDING ROAD QUINCY, FL 32351-0469

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| 8. The above the obligat | e named entity submits this statement for the p tions of registered agent. | urpose of changing its registered (| office or I | registered agent, or bo | oth, in the State of Florida. I am familia | ar with, and accept | |
|--|--|---|-------------------------------|--|--|---------------------|--|
| SIGNATURE. | Signatture, typed or printed name of registered agent and title i | fapplicable. (NOTE: Registered Ag | ent signatur | B required when reinstating) | DATE | | |
| | Filing Fee is \$61.25 Due by May 1, 2006 | Election Campaign Financin Trust Fund Contribution. | g \square | \$5.00 May Be Added to Fees | | | |
| .10. | OFFICERS AND DIREC | CTORS | | A de la companya del companya de la companya del companya de la co | <u> </u> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HULCHER, DICK 8348 BENGALIN AVE. JACKSONVILLE, FL 32211 | | | | | | |
| THTLE NAME STREET ADDRESS CITY-ST-ZIP | VD DUBREE, KATHLEEN 3108 COOKS LANDING ROAD, # 3 QUINCY, FL 323519551 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DUBREE, ROLAND E 649 HOPKINS LANDING ROAD QUINCY, FL 323510469 | | DO NOT WRITE IN THIS SPACE | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MILLS, JANET 1913 COWDER ROAD TALLAHASSEE, FL 32203 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Y | | | | | | |

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

GNATURE:

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