

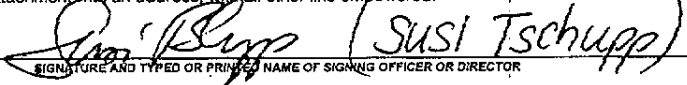


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N18647</b>			
1. Entity Name <b>THE CFW HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>3040 CREST DRIVE CLEARWATER, FL 33759 US</b>		Mailing Address <b>3021 CREST DRIVE CLEARWATER, FL 33759 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		01152006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number <b>59-2977764</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			
<b>CLARK, JAMES 3040 CREST DRIVE CLEARWATER, FL 33759</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>UD0000398847 02/01/06-80030-013 61.25</b>	
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	CLARK, JAMES		
STREET ADDRESS	3040 CREST DRIVE		
CITY - ST - ZIP	CLEARWATER, FL 33759		
TITLE	VP		
NAME	NISULA, WAYNE		
STREET ADDRESS	3045 CREST DRIVE		
CITY - ST - ZIP	CLEARWATER, FL 33759		
TITLE	TREA		
NAME	TSCHUPP, SUSI		
STREET ADDRESS	3021 CREST DR		
CITY - ST - ZIP	CLEARWATER, FL 33759		
TITLE	SEC		
NAME	REEVES, TERRI		
STREET ADDRESS	3069 CREST DRIVE		
CITY - ST - ZIP	CLEARWATER, FL 33759		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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: 		1/15/06 687-7419	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	