

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# N18688

Entity Name: FRANKLIN WOOD PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6038 SE FRANKLIN PLACE
HOBE SOUND, FL 33455

New Principal Place of Business:

5906 SE FRANKLIN PLACE
HOBE SOUND, FL 33455

Current Mailing Address:

6038 SE FRANKLIN PLACE
5906 S E FRANKLIN PL
HOBE SOUND, FL 33455

New Mailing Address:

5906 SE FRANKLIN PLACE
HOBE SOUND, FL 33455

FEI Number: 65-0223384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, DEBORAH L. ESQ.
% ROSS, EARLE & BONAN, P. A.
759 S. FEDERAL HWY.
STUART, FL 34994 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: DV () Delete
Name: TRACEY, LILLIAN N
Address: 5990 SE FRANKLIN PLACE
City-St-Zip: HOBE SOUND, FL 33455

Title: DP () Delete
Name: TIGHE, JOHN J
Address: 6038 SE FRANKLIN PLACE
City-St-Zip: HOBE SOUND, FL 33455

Title: DT () Delete
Name: MASTERPOLE, LINDA
Address: 6098 SE FRANKLIN PL
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: BERMAN, SUMNER
Address: 5930 SE FRANKLIN PL
City-St-Zip: HOBE SOUND, FL 33455

Title: DS () Delete
Name: LEACH, BILL
Address: 5930 SE FRANKLIN PL
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: GANAS, ANDREW
Address: 5966 SE FRANKLIN PL
City-St-Zip: HOBE SOUND, FL 33455

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:

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: JOHN TIGHE

PRES

01/16/2007

Electronic Signature of Signing Officer or Director

_____ Date