

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18688

FILED  
Jan 25, 2008  
Secretary of State

Entity Name: FRANKLIN WOOD PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5906 SE FRANKLIN PLACE  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

5906 SE FRANKLIN PLACE  
HOBE SOUND, FL 33455

**New Mailing Address:**

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: D (X) Change ( ) Addition  
Name: BERMAN, SUMNER  
Address: 5906 SE FRANKLIN PL  
City-St-Zip: HOBE SOUND, FL 33455

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 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 J. TIGHE

DP

01/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date