

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 05, 2007
Secretary of State**

DOCUMENT# N22883

Entity Name: COOL WATERS OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

455 RANKIN RD
MARY ESTHER, FL 32569

Current Mailing Address:

New Mailing Address:

455 RANKIN RD
MARY ESTHER, FL 32569

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCCALL, TIMOTHY
455 RANKIN RD
MARY ESTHER, FL 32569 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RANKIN, S. FRAZER,
Address: 427 RANKIN RD
City-St-Zip: MARY ESTHER, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Delete
Name: BACH, DARRELL
Address: 447 RANKIN ROAD
City-St-Zip: MARY ESTHER, FL 32569

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST () Delete
Name: MCCALL, TIMOTHY
Address: 455 RANKIN ROAD
City-St-Zip: MARY ESTHER, FL 32569

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: TIM M. MCCALL

ST

01/05/2007

Electronic Signature of Signing Officer or Director

_____ Date