FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22973 (4)

1. Corporation Name
THE DERBY WOODS OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 59 LYNN HAVEN FL 32444-7059	P O BOX 59 LYNN HAVEN FL 32444-7059

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1987
3a. Date of Last Report: 07/12/1994
4. FEI Number: 59-2851283 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STILL, CHARLES B
1512 BLUE GRASS LANE
LYNN HAVEN FL 32444

JORGENSEN, GREGORY
149 DERBY WOODS DR
LYNN HAVEN, FL 32444

10. Name and Address of New Registered Agent

81 Name: JORGENSEN GREGORY
82 Street Address (P.O. Box Number is Not Acceptable): 149 DERBY WOODS DR
83
84 City: LYNN HAVEN FL 85 Zip Code: 32444

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Gregory M Jorgenson — 8 MAY 95
Signature, typed or printed name of individual & capacity of title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PRESIDENT (PD) (D)	☒ Change ☐ Addition
NAME	STILL, CHARLES B.	1.2 NAME	JORGENSEN GREGORY	
STREET ADDRESS	1512 BLUE GRASS LANE	1.3 STREET ADDRESS	149 DERBY WOODS DR	
CITY-ST-ZIP	LYNN HAVEN FL	1.4 CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	VD	2.1 TITLE	~~KRENKE GREGORY VICE PRES~~ (VD) (D)	☒ Change ☐ Addition
NAME	JORGENSON, GREGORY	2.2 NAME	KRENKE GREGORY	
STREET ADDRESS	149 DERBY WOODS DR.	2.3 STREET ADDRESS	170 DERBY WOODS DR	
CITY-ST-ZIP	LYNN HAVEN FL	2.4 CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	S	3.1 TITLE	SECRETARY (D)	☐ Change ☐ Addition
NAME	ZEMLIN, LOUISE	3.2 NAME	ZEMLIN, LOUISE	
STREET ADDRESS	1507 BELMONT AVE.	3.3 STREET ADDRESS	1507 BELMONT AVE	
CITY-ST-ZIP	LYNN HAVEN FL	3.4 CITY-ST-ZIP	LYNN HAVEN, FL	
TITLE	D	4.1 TITLE	(D)	☐ Change ☐ Addition
NAME	MESSINA, ANNETTE	4.2 NAME	MESSINA, ANNETTE	
STREET ADDRESS	1524 BLUEGRASS LANE	4.3 STREET ADDRESS	1524 BLUEGRASS LANE	
CITY-ST-ZIP	LYNN HAVEN FL	4.4 CITY-ST-ZIP	LYNN HAVEN, FL	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, JOHN	5.2 NAME		
STREET ADDRESS	1616 BELMONT BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gregory M Jorgenson — 15 APR 95 — 904 271 2829
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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