FILE NOW: FILING FEE IS $61.25

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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 32444-0059

3. Date Incorporated or Qualified: 10/12/1987
3a. Date of Last Report: 01/30/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PELTZ, RICK
1607 BLUE GRASS
LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent

81 Name: TEW, KATHY
82 Street Address (P.O. Box Number is Not Acceptable): 196 DERBY WOODS DR.
83
84 City: LYNN HAVEN FL 85 Zip Code: 32444

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE X Kathy L. Tew PRESIDENT/DIRECTOR X 4/22/97
(Signature typed or printed name of registered agent and 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	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	PELTZ, RICK		1.2 NAME	TEW, KATHY	
STREET ADDRESS	1607 BLUE GRASS		1.3 STREET ADDRESS	196 DERBY WOODS DR.	
CITY-ST-ZIP	LYNN HAVEN FL		1.4 CITY-ST-ZIP	LYNN HAVEN, FL. 32444	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	TEW, KATHY		2.2 NAME	PELTZ, RICK	
STREET ADDRESS	196 DERBY WOODS DR		2.3 STREET ADDRESS	1607 BLUE GRASS	
CITY-ST-ZIP	LYNN HAVEN FL		2.4 CITY-ST-ZIP	LYNN HAVEN, FL. 32444	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PETTIS, CONNIE		3.2 NAME		
STREET ADDRESS	1434 BLUE GRASS		3.3 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TWIGG, NANCY		4.2 NAME		
STREET ADDRESS	186 DERBY WOODS DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: KATHY L TEW 4/22/97 (904)