

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # N22973 1. Entity Name THE DERBY WOODS OWNERS ASSOCIATION, INC.	
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Principal Place of Business P O BOX 59 LYNN HAVEN, FL 32444-7059	Mailing Address P O BOX 59 LYNN HAVEN, FL 32444-7059
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04182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2851283	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TWIGG, NANCY C 186 DEBRY WOODS DR LYNN HAVEN, FL 32444

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUFF, GARY 123 DEBRY WOODS DR LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOWLER, J.R. 152 DERBY WOODS DR LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PETTIS, CONNIE 1434 BLUE GRASS LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TWIGG, NANCY 186 DERBY WOODS DR LYNN HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000534456
05/08/06-80012-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY C. TWIGG 4/20/06 850-265-1936
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #