

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90029 042 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                  |                                                                                  |                                                                                                                                                                              |                                                                                   |                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # N22973</b><br>1. Entity Name<br><b>THE DERBY WOODS OWNERS ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                                                  |                                                                                                                                                                              |  |                                                                                                                                              |
| Principal Place of Business<br><b>P O BOX 59<br/>LYNN HAVEN, FL 32444-7059</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |                                                                                  | Mailing Address<br><b>P O BOX 59<br/>LYNN HAVEN, FL 32444-7059</b>                                                                                                           |                                                                                   |                                                                                                                                              |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                    |                                                                                                                                                                              |                                                                                   |                                                                                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  | City & State                                                                     |                                                                                                                                                                              |                                                                                   |                                                                                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                          | Zip                                                                              | Country                                                                                                                                                                      | 4. FEI Number<br><b>59-2851283</b>                                                |                                                                                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  |                                                                                  |                                                                                                                                                                              | <b>\$8.75 Additional Fee Required</b>                                             |                                                                                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>TWIGG, NANCY C<br/>186 DERBY WOODS DR<br/>LYNN HAVEN, FL 32444</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                                            |                                                                                   |                                                                                                                                              |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |                                                                                   |                                                                                                                                              |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                              | <b>\$5.00 May Be Added to Fees</b>                                                |                                                                                                                                              |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                                                                                  |                                                                                                                                                                              |                                                                                   |                                                                                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                 |                                                                                   |                                                                                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>WANKOWSKI, GENE<br>1433 BLUE GRASS<br>LYNN HAVEN, FL 32444 | <input type="checkbox"/> Delete                                                  |                                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VD<br>FOWLER, J.R.<br>152 DERBY WOODS DR<br>LYNN HAVEN, FL 32444 | <input checked="" type="checkbox"/> Delete                                       |                                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | VD<br>STEVE WILKIE<br>1530 BLUE GRASS<br>LYNN HAVEN FL 32444<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SD<br>PETTIS, CONNIE<br>1434 BLUE GRASS<br>LYNN HAVEN, FL 32444  | <input checked="" type="checkbox"/> Delete                                       |                                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | SD<br>SUE GARL<br>107 SARATOGA PLACE<br>LYNN HAVEN FL 32444<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TD<br>TWIGG, NANCY<br>186 DERBY WOODS DR<br>LYNN HAVEN, FL       | <input type="checkbox"/> Delete                                                  |                                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                  | <input type="checkbox"/> Delete                                                  |                                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                  | <input type="checkbox"/> Delete                                                  |                                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |
| 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. |                                                                  |                                                                                  |                                                                                                                                                                              |                                                                                   |                                                                                                                                              |
| <b>SIGNATURE:</b> <i>Nancy C. Twigg</i> <span style="float: right;">3/26/08 (850) 265-1936</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |                                                                                  |                                                                                                                                                                              |                                                                                   |                                                                                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                                                  |                                                                                                                                                                              |                                                                                   |                                                                                                                                              |
| NANCY C. TWIGG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |                                                                                  |                                                                                                                                                                              |                                                                                   |                                                                                                                                              |