


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90038 006 \*\*\*\*61.25

<b>DOCUMENT # N26873</b> 1. Entity Name SEQUOYAH RIDGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business % TOM ROCKER HAINES CITY, FL 33844				Mailing Address 2740 SEQUOYAH DRIVE HAINES CITY, FL 33845	
2. Principal Place of Business % Steven B. Callaham Suite, Apt. #, etc.		3. Mailing Address 2823 Sequoyah Drive Suite, Apt. #, etc.			
City & State Haines City FL		City & State Haines City, FL		4. FEI Number 59-2927831	
Zip 33844		Country USA		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent ROCKER, TOM 2740 SEQUOYAH DRIVE HAINES CITY, FL 33844			7. Name and Address of New Registered Agent Name: Steven B. Callaham Street Address (P.O. Box Number is Not Acceptable): 2823 Sequoyah Drive City: Haines City FL Zip Code: 33844		
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: <u>Steven B. Callaham</u> DATE: <u>2/22/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</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 Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROCKER, TOM 2740 SEQUOYAH DRIVE HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Steven B. Callaham 2823 Sequoyah Drive Haines City FL 33844	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAYMOND, GREG 2748 SEQUOYAH DRIVE HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Mark Baker 2805 Sequoyah Drive Haines City FL 33844	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HINKLE, PAULA 2808 SEQUOYAH DRIVE HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Theresa Miller 2995 Chickasaw Drive Haines City FL 33844	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAYMOND, FRANCES 2748 SEQUOYAH DRIVE HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Sheila Baker 2805 Sequoyah Dr Haines City FL 33844	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Debra White (Director) 2832 Sequoyah Dr. Haines City FL 33844	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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: <u>Steven B. Callaham</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>863-287-2636</u> <small>Daytime Phone #</small>	