


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2006 8:00 am**  
**Secretary of State**

02-14-2006 90001 014 \*\*\*\*61.25

<b>DOCUMENT # N31485</b> 1. Entity Name <b>LINENE ESTATES HOME OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2818 GREEN FOREST LANE TALLAHASSEE, FL 32312 US</b>			Mailing Address <b>2818 GREEN FOREST LANE TALLAHASSEE, FL 32312 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3579331</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CRABB, DANIEL T 2818 GREEN FOREST LANE TALLAHASSEE, FL 32312</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<del>President</del> P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CALDWELL, DANA</b>		NAME	<b>Alan Rollins</b>	
STREET ADDRESS	<b>2802 GREEN FOREST LANE PRESIDENT</b>		STREET ADDRESS	<b>2833 Green Forest Lane</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32312</b>		CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	<b>STITCH, CRINNY</b>		NAME		
STREET ADDRESS	<b>2874 GREEN FOREST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE, FL</b>		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		
NAME	<b>CRABB, DANIEL T</b>		NAME		
STREET ADDRESS	<b>2818 GREEN FOREST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE, FL</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRUBBS, JACK</b>		NAME		
STREET ADDRESS	<b>2834 GREEN FOREST LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32312</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BURKE, CHARLENE</b>		NAME	<b>John Fletcher</b>	
STREET ADDRESS	<b>2834 GREEN FOREST LANE</b>		STREET ADDRESS	<b>2850 Green Forest Lane</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32312</b>		CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: Daniel T. Crabb, Sec/Treas. 2/13/06 850-531-9707</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					