

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32794

FILED
Apr 12, 2006
Secretary of State

Entity Name: STAG THICKET HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 214
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 214
OLDSMAR, FL 34677 US

New Mailing Address:

FEI Number: 59-3071299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFITH, HENDERSON
5721 STAG THICKET LANE
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

ZOPF, MARIA
5698 STAG THICKET LANE
PALM HARBOR, FL 34685 US

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.

SIGNATURE: MARIA ZOPF

04/12/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: DWINELL, SHERRY
Address: 5792 STAG THICKET LANE
City-St-Zip: PALM HARBOR, FL 34685

Title: PD () Delete
Name: GRIFFITH, HENDERSON
Address: 5727 STAG THICKET LANE
City-St-Zip: PALM HARBOR, FL 34685

Title: TD () Delete
Name: ZOPF, MARIA
Address: 5698 STAG THICKET LANE
City-St-Zip: PALM HARBOR, FL 34685

Title: S (X) Delete
Name: PERGOLA, ANGELA
Address: 5768 STAG THICKET LANE
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PICCININI, RON
Address: 5682 STAG THICKET LANE
City-St-Zip: PALM HARBOR, FL 34685

Title: VPD (X) Change () Addition
Name: DWINELL, SHERRY
Address: 5792 STAG THICKET LANE
City-St-Zip: PALM HARBOR, FL 34685

Title: TR (X) Change () Addition
Name: ZOPF, MARIA
Address: 5698 STAG THICKET LANE
City-St-Zip: PALM HARBOR, FL 34685

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA ZOPF

TR

04/12/2006

Electronic Signature of Signing Officer or Director

Date