


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90115 033 ****61.25

DOCUMENT # N32810		
1. Entity Name NORTH FLORIDA TRES DIAS, INC.		

Principal Place of Business 3416 JONATHANS LANDING TALLAHASSEE, FL 32309 US	Mailing Address P.O. BOX 10167 TALLAHASSEE, FL 32302-2167 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04192006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3443498	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALVIS, DOROTHY L 2432 WINTERGREEN ROAD TALLAHASSEE, FL 32308		Name <u>ROBERT E. ALVIS</u> Street Address (P.O. Box Number is Not Acceptable) <u>2432 WINTERGREEN Rd.</u> City <u>TALLAHASSEE</u> FL Zip Code <u>32308</u>	

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>[Signature]</u> Signature, type or printed name of registered agent and title if applicable.	DATE <u>4-23-06</u> (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SANGSTER, TOMMY 83 PERRY ST. CAMILLA, GA 31730 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC J. HAROLD THURMOND 105 WILD TURKEY CIR. CRAWFORDVILLE, FL. 32327 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ALVIS, DOROTHY L 2432 WINTERGREEN RD. TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROBERT E. ALVIS 2432 WINTERGREEN RD. TALLAHASSEE, FL. 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHERDIN, BOB 2996 FOXCROFT DR TALLAHASSEE, FL 32309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRY MASON 175 FRANK PAIS RD. HAVANA, FL. 32333 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRINGTON, LARRY 1216 WRIGHT ROAD JACKSONVILLE, FL 32205 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vic PARRAMORE 5019 RIVERWOOD RD. TALLAHASSEE, FL. 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SIMS, CARITA 2938 LIVINGSTON RD TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JAN JUNKIN 3118 MIDDLEBROOK CIRCLE TALLAHASSEE, FL. 32303 <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 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.	
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SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>4-23-06</u>	Daytime Phone # <u>850-413-5583</u>
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