2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State
01-20-2005 90021 039 ****61.25

DOCUMENT # N34025

1. Entity Name
HOMOSASSA RIVER GARDEN CLUB, INC.

Principal Place of Business	Mailing Address
JACQUELINE POWELL 49265 DEEPWATER PT. HOMOSASSA, FL 34448 US	HOMOSASSA RIVER GARDEN P.O. BOX 4293 HOMOSASSA, FL 34447 US

01072005 ~~No Chg-NP~~ ~~CR2E037 (10/03)~~

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4. FEI Number
59-3123354
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POWELL, JACQUELINE
49265 DEEPWATER PT.
HOMOSASSA, FL 34448

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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: Jacqueline Powell 1/11/05
(Typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when changing) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POWELL, JACQUELINE
STREET ADDRESS	4926 S DEEPWATER PT.
CITY-ST-ZIP	HOMOSASSA, FL 34448
TITLE	P
NAME	HARRIS, VALERIE
STREET ADDRESS	10 ENCLAVE PT S
CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE	D
NAME	SANDLAS, MARIAN
STREET ADDRESS	4 SPRUCE PINE CT. N.
CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE	T
NAME	BARTON, COLLEEN
STREET ADDRESS	4069 S. JEFFERSON PT.
CITY-ST-ZIP	HOMOSASSA, FL 34448
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jacqueline Powell 1/11/05 (352)628-3166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #