


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90074 031 ****61.25

DOCUMENT # N34025	
1. Entity Name HOMOSASSA RIVER GARDEN CLUB, INC.	

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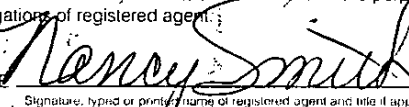


2. Principal Place of Business NANCY SMITH	3. Mailing Address
Suite, Apt. #, etc. 39 BIRCHTREE ST	Suite, Apt. #, etc.
City & State HOMOSASSA FL	City & State
Zip 34446	Country US

4. FEI Number 59-3123354	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

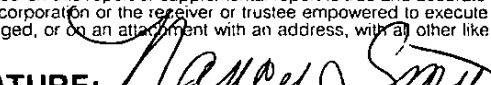
6. Name and Address of Current Registered Agent POWELL, JACQUELINE 49265 DEEPWATER PT. HOMOSASSA FL 34448	
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7. Name and Address of New Registered Agent	
Name NANCY SMITH	
Street Address (P.O. Box Number is Not Acceptable) 39 BIRCHTREE ST	
City HOMOSASSA	FL Zip Code 34446

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 	DATE 2-8-06

FILE NOW: 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	P POWELL, JACQUELINE 4926 S DEEPWATER PT. HOMOSASSA FL 34448 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, VALERIE 10 ENCLAVE PT S HOMOSASSA FL 34446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, VALERIE 10 ENCLAVE PT S HOMOSASSA FL 34446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDLAS, MARIAN 4 SPRUCE PINE CT. N. HOMOSASSA FL 34446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARTON, COLLEEN 4069 S. JEFFERSON PT. HOMOSASSA FL 34446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARTON, COLLEEN 4069 S JEFFERSON PT HOMOSASSA FL 34448 <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	P SMITH, NANCY 39 BIRCHTREE ST HOMOSASSA, FL 34446 <input type="checkbox"/> Change <input checked="" 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 Section 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.	
SIGNATURE: 	2-08-06 (352)382-7975