


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 AM
Secretary of State

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

Principal Place of Business NANCY SMITH 39 BIRCHTREE ST HOMOSASSA, FL 34446 US	Mailing Address HOMOSASSA RIVER GARDEN P.O. BOX 4293 HOMOSASSA, FL 34447 US
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DO NOT WRITE IN THIS SPACE



05022007 No Chg-NP CR2E037 (4/06)

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

**SMITH, NANCY
39 BIRCHTREE ST
HOMOSASSA, FL 34446**

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, VALERIE 10 ENCLAVE PT S HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDLAS, MARIAN 4 SPRUCE PINE CT. N. HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARTON, COLLEEN 4069 S. JEFFERSON PT. HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, NANCY 39 BIRCHTREE ST HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/29/07-60006-013 61.25

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.

SIGNATURE: Nancy Smith NANCY SMITH 5-3-2007 (352) 382-7975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #