

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34025

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** HOMOSASSA RIVER GARDEN CLUB, INC.

**Current Principal Place of Business:**

LOU ANNA BARRETT  
14 DRYPETES CT. E.  
HOMOSASSA, FL 34446 US

**New Principal Place of Business:**

**Current Mailing Address:**

HOMOSASSA RIVER GARDEN  
P.O. BOX 4293  
HOMOSASSA, FL 34447 US

**New Mailing Address:**

**FEI Number:** 59-3123354      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARRETT, LOU ANNA  
14 DRYPETES CT.E.  
HOMOSASSA, FL 34446 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HARRIS, VALERIE  
Address: 10 ENCLAVE PT S  
City-St-Zip: HOMOSASSA, FL 34446

Title: D  
Name: SANDLAS, MARIAN  
Address: 4 SPRUCE PINE CT. N.  
City-St-Zip: HOMOSASSA, FL 34446

Title: T  
Name: HACKETT, JUDITH  
Address: 80 WOODFIELD CIRCLE  
City-St-Zip: HOMOSASSA, FL 34446

Title: P  
Name: BARRETT, LOU ANNA  
Address: 14 DRYPETES CT.E  
City-St-Zip: HOMOSASSA, FL 34446

I hereby 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 all other like empowered.

SIGNATURE: JUDITH HACKETT

T

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date