

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90115 015 ****61.25

DOCUMENT # N36921

1. Entity Name
DRIFTWOOD HOMEOWNERS ASSOCIATION INC.



Principal Place of Business
**38333 COTTONWOOD PL
ZEPHYRHILLS, FL 33542 US**

Mailing Address
**38333 COTTONWOOD PL
ZEPHYRHILLS, FL 33542 US**

60012362



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2983918

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAZZA, DOMENIC M SR
38460 COTTONWOOD PL
ZEPHYRHILLS, FL 33542**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SULLIVAN, KATHLEEN
6648 JUNIPER CT
ZEPHYRHILLS, FL 33542** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
POULIN, RITA
38246 EUCALYPTUS DR.
ZEPHYRHILLS, FL 33542** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GARCIA, SANDY
38213 EUCALYPTUS DR
ZEPHYRHILLS, FL 33542** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARROLL, DORIS
38456 COTTONWOOD PL
ZEPHYRHILLS, FL 33542** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CROSS, SHERMAN
38448 COTTONWOOD PL
ZEPHYRHILLS, FL 33542** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARTIN, RONALD
38444 COTTONWOOD PL
ZEPHYRHILLS, FL 33542** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JONES, MELODEE
6710 HOLLY CT
ZEPHYRHILLS, FL 33542** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MAZZA, DOMENIC M SR
38460 COTTONWOOD PL
ZEPHYRHILLS, FL 33542** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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.

SIGNATURE: Domenic M. Mazza Sr **DOMENIC M. MAZZA SR**

2-1-07

813-783-1217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #