

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90025 028 ****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**

40012947



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2983918

Applied For
Not Applicable

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, 2008**

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **SYLVIA WELLS**
STREET ADDRESS **38454 COTTONWOOD PL**
CITY-ST-ZIP **ZEPHYRHILLS FL 33542-**

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-08

Date

813-783-1217

Daytime Phone #