


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90226 018 \*\*\*\*61.25

<b>DOCUMENT # N37226</b> 1. Entity Name <b>INNSWOOD HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>% JACK CLEMENT</b> <b>982 INNSWOOD CT.</b> <b>LONGWOOD, FL 32779 US</b>			Mailing Address <b>C/O GALE HILLENMEYER</b> <b>962 INNSWOOD CT</b> <b>LONGWOOD, FL 32779 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HILLENMEYER, GALE</b> <b>962 INNSWOOD CT</b> <b>LONGWOOD, FL 32779</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STAFFIN, JO</b> <b>974 INNSWOOD CT</b> <b>LONGWOOD, FL 32779</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Greg Fraser</b> <b>970 Innswood Ct.</b> <b>Longwood, FL 32779</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HAMMETT, DAVID</b> <b>981 INNSWOOD CT.</b> <b>LONGWOOD, FL 32779</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HILLENMEYER, GALE</b> <b>962 INNSWOOD COURT</b> <b>LONGWOOD, FL 32779</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CLEMENT, JACK</b> <b>982 INNSWOOD CT</b> <b>LONGWOOD, FL 32779</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARNON, JOSEF</b> <b>985 INNSWOOD CT</b> <b>LONGWOOD, FL 32779</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Jim Ginn</b> <b>973 Innswood Ct.</b> <b>Longwood, FL 32779</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE 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.					
<b>SIGNATURE:</b> <i>Gale Hillenmeyer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-29-06 407-788-8513 <small>Date Daytime Phone #</small>		

*Gale Hillenmeyer*