

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38973

FILED
Apr 25, 2005
Secretary of State

Entity Name: ODIE ROAD PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

13955 ODIE RD
JACKSONVILLE, FL 32220 US

New Principal Place of Business:

Current Mailing Address:

13955 ODIE RD
JACKSONVILLE, FL 32220 US

New Mailing Address:

FEI Number: 59-3032007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GODWIN, GERALD
13955 ODIE RD
JACKSONVILLE, FL 32220 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: PD () Delete
Name: GODWIN, GERALD
Address: 13955 ODIE RD
City-St-Zip: JACKSONVILLE, FL 32220

Title: VP () Delete
Name: PROPPER, LOREN
Address: 13973 ODIE RD
City-St-Zip: JACKSONVILLE, FL 32220

Title: ST () Delete
Name: GODWIN, DEBRA
Address: 13955 ODIE ROAD
City-St-Zip: JACKSONVILLE, FL 32220

Title: D () Delete
Name: JOHNSON, RANDY
Address: 13979 ODIE ROAD
City-St-Zip: JACKSONVILLE, FL 32220

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CADE, TOM
Address: 13991 ODIE RD
City-St-Zip: JACKSONVILLE, FL 32220

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GERALD L. GODWIN

PD

04/25/2005

Electronic Signature of Signing Officer or Director

Date