## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2008 08:00 A Secretary of State

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1. Entity Name

DELTA FARMS PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business

3975 20TH STREET

SUITE J

VERO BEACH, FL 32960

Mailing Address

**3975 20TH STREET** 

SUITE J

DO NOT WRITE IN THIS SPACE

VERO BEACH, FL 32960



01072008 No Chg-NP

CR2E037 (4/06)

4.	FEI Number 65-0233958		Applied For Not Applicable
5.	Certificate of Status Desired	\$8.75 Fee Red	Additional

6. Name and Address of Current Registered Agent

ROGERS, T.G. JR. 3975 20TH STREET SUITE J VERO BEACH, FL 32960

## DO NOT WRITE IN THIS SPACE

. T			-41'			line with and accept
	e named entity submits this statement for the p tions of registered agent.	urpose of changing its registered	onice or r	egistered agent, or b	oth, in the State of Florida. If am famil	ilar with, and accept
SIGNATURE.	Signature typed or printed name of registered agent and title of	f applicable (NOTE: Registered A	gent signature	required when reinstating)	DATE	
. * Filing Fee is \$61.25 9. Election Campaign Finance Due by May 1, 2008 Trust Fund Contribution.			ing \$5.00 May Be Added to Fees		000000782015 01/15/08-80057-024 61.29	
10.	OFFICERS AND DIREC	TORS '	• •	200. 200	Hotel Services of the service of	· * * * * * * * * * * * * * * * * * * *
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, SHERWOOD J 2650 S KINGS HWY FT PIERCE, FL			·		· · · · · · · · · · · · · · · · · · ·
NAME STREET ADDRESS CITY-ST-ZIP	D BANACK, WILTON RUSSELL 1650 20TH STREET VERO BEACH, FL					i 1 3
TITLE NAME STREET ADDRESS CITY-S1-ZiP	PD ROGERS, T.G. JR. 3975 20TH STREET VERO BEACH, FL			DC	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, JEAN M 3975 20TH ST VERO BEACH, FL		. ,	IN	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP			1			
NAME STREET ADDRESS CITY-ST-ZIP			, ,			
12. I hereby	certify that the information supplied with this fi	ling does not qualify for the exem	nptions cor	ntained in Chapter 1	19, Florida Statutes. I further certify t	hat the information

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report by supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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:

STATUSE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 JAN 408 (772) 778-3959