2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2008 8:00 am
Secretary of State
02-26-2008 90009 017 ****61.25

DOCUMENT # N50605

1. Entity Name

DELTURA H.O.A., INC.

Principal Place of Business	Mailing Address
~~1056 LA PALOMA~~ 509 CATALINA DR NORTH FORT MYERS FL 33903 US	529 VERSAILLES DRIVE SUITE 103 MAITLAND FL 32751 US

1st MOORE CR2E037 (10/07)

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

4. FEI Number 65-0387299 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLLING, LEE JAY
529 VERSAILLES DRIVE, SUITE 103
MAITLAND FL 32751

7. Name and Address of New Registered Agent

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 Linda Storma
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for all changes.) DATE

FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ DIRECTOR SYMES, RICHARD 4091 AVENIDA DEL TURA NORTH FORT MYERS FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER DODGE, LOUISE 1125 LaPaloma Blvd NORTH FORT MYERS FL 33903
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ PRESIDENT STORMA, LINDA 509 CATALINA DR NORTH FORT MYERS FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SMITH, GEORGE 2238 DEL MAR NORTH FORT MYERS FL 33903
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD TREASURER~~ ~~WALLACE, RICHARD~~ ~~DODGE, LOUISE~~ ~~1056 LA PALOMA~~ NORTH FORT MYERS FL 33903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR YOUNG, SHIRLEY 5408 Via Estrella NORTH FORT MYERS, FL 33903
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WILSON, ANNA 305 SAN REMO LANE NORTH FORT MYERS FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR BAILEY, TOM 5505 San Luis NORTH FORT MYERS, FL 33903
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ VICE-PRESIDENT MEYER, BOB 246 LAS PALMAS BLVD NORTH FORT MYERS FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR NEWTON, JAMES 5305 San Gabriel Cir NORTH FORT MYERS, FL 33903
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THEROUX, DON 4100 AVENIDA DEL TURA NORTH FORT MYERS FL 33903	☒ Delete	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 Section 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: Louise M. Dodge 3-11-08 239-543-5795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #