

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004111

FILED
May 04, 2006
Secretary of State

Entity Name: HOMEOWNERS ASSOCIATION OF CLUBHOUSE WOODS, INC.

Current Principal Place of Business:

1514 S. ALEXANDER STREET
SUITE 106
PLANT CITY, FL 33563 US

New Principal Place of Business:

Current Mailing Address:

1514 S. ALEXANDER STREET
SUITE 106
PLANT CITY, FL 33563 US

New Mailing Address:

FEI Number: 59-3202987 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NORTON, ROBERT J
1514 S. ALEXANDER STREET
SUITE 106
PLANT CITY, FL 33563 US

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: NORTON, ROBERT J
Address: 1514 S. ALEXANDER STREET, SUITE 106
City-St-Zip: PLANT CITY, FL 33563

Title: TD (X) Delete
Name: ULBRICHT, WILLIAM
Address: 1514 S. ALEXANDER STREET, SUITE 106
City-St-Zip: PLANT CITY, FL 33563

Title: SD () Delete
Name: SCHAUFFERT, ARTHUR
Address: 1514 S. ALEXANDER STREET, SUITE 106
City-St-Zip: PLANT CITY, FL 33563

Title: VPD () Delete
Name: PIKE, GARY
Address: 1514 S. ALEXANDER STREET, SUITE 106
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: SCHAUFFERT, ARTHUR
Address: 1514 S. ALEXANDER STREET, SUITE 106
City-St-Zip: PLANT CITY, FL 33563

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 Chapter 119, 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: ROBERT J NORTON

P

05/04/2006

Electronic Signature of Signing Officer or Director

Date