



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90014 034 \*\*\*\*61.25

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # N94000003701</b><br>1. Entity Name<br><b>THE WOODS AT CROOKED MILE HOMEOWNERS' ASSOCIATION, INC.</b>   |   |  |   |   |  |
| Principal Place of Business<br><b>PO BOX 542322</b><br><b>MERRITT ISLAND, FL 32954-2322 US</b>   |   |  | Mailing Address<br><b>P.O. BOX 542322</b><br><b>MERRITT ISLAND, FL 32954-2322</b> |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |   |  |  |
| City & State   |   | City & State   |   | 02072006 Chg-NP CR2E037 (11/05)  |  |
| Zip  |   | Country  |   | 4. FEI Number<br><b>59-3107982</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SIMS, LESLIE M</b><br><b>170 ALAMEDA DR.</b><br><b>MERRITT ISLAND, FL 32952</b>  |   | 7. Name and Address of New Registered Agent<br>Name <b>NIELSEN, SUSAN C.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>230 ALAMEDA DR.</b><br>City <b>MERRITT ISLAND</b> <b>FL</b> Zip Code <b>32952</b> |   |  |  |
| 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 <u>SUSAN C. NIELSEN</u> <u>Susan C. Nielsen</u> <u>2/7/06</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>   |   |  |   |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>  |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                       |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>   |   |  |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                      |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br><b>FISCHER, MARINA</b><br><b>135 ALAMEDA DRIVE</b><br><b>MERRITT ISLAND, FL 32952</b> | <input checked="" type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br><b>HAUSS, SHARON</b><br><b>4190 RICHWOOD CT</b><br><b>MERRITT ISLAND, FL 32952</b>    | <input checked="" type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br><b>RUSSELL, TERRI</b><br><b>4185 RICHWOOD CT</b><br><b>MERRITT ISLAND, FL 32952</b>   | <input checked="" type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br><b>SIMS, LESLIE</b><br><b>170 ALAMEDA DRIVE</b><br><b>MERRITT ISLAND, FL 32952</b>    | <input checked="" type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br><b>ORLANDO, LARRY</b><br><b>125 ALAMEDA DR.</b><br><b>MERRITT ISLAND, FL 32952</b>    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br><b>WARREN, CHERYL</b><br><b>155 ALAMEDA DR.</b><br><b>MERRITT ISLAND, FL 32952</b>    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br><b>BRANDT, LINDA</b><br><b>180 ALAMEDA DR.</b><br><b>MERRITT ISLAND, FL 32952</b>     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br><b>NIELSEN, SUSAN</b><br><b>230 ALAMEDA DR.</b><br><b>MERRITT ISLAND, FL 32952</b>    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| 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> <u>Susan C. Nielsen</u> <u>2/7/06</u> <u>(321) 453-4228</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |  |   |  |  |