

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

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90412 023 ****61.25

DOCUMENT # **N94000004315**

1. Entity Name

ARMOUR MANOR HOMEOWNERS ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

40076304

2. Principal Place of Business

479 TEQUESTA DRIVE

3. Mailing Address

479 TEQUESTA DR.

Suite, Apt. #, etc.

UNIT # 8

Suite, Apt. #, etc.

UNIT 8

City & State

TEQUESTA FLORIDA

City & State

TEQUESTA, FLORIDA

4. FEI Number

65-0649100

Applied For

Not Applicable

Zip

33469

Country

Zip

33469

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

CR2E037B (8/05)

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DAVID JONES

Street Address (P.O. Box Number is Not Acceptable)

479 TEQUESTA DRIVE #8

City

TEQUESTA

FL

Zip Code

33469

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

David M Jones

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-06

**FEE IS \$61.25
Initial or Amended AR**

9. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JONES, DAVID 479 TEQUESTA DR #8 TEQUESTA, FL 33469	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP - BUSHWAY, BONNIE <u>CHANGE</u> 479 TEQUESTA DR #7 TEQUESTA, FL 33469	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CHRISTOPHER TAYLOR <u>ADDITION</u> 479 TEQUESTA DR #3 TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAUROKAS, NANCY <u>DELETE</u> 479 TEQUESTA DR #10 TEQUESTA, FL 33469	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BUSHWAY, BONNIE <u>CHANGE</u> 479 TEQUESTA DR #7 TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with any other like empowered.

SIGNATURE

David M Jones

4-25-06