2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001592

FILED May 01, 2006 Secretary of State

Entity Name: FLORIDA FOX TROTTER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3925 MOORES LAKE ROAD **DOVER, FL 33527 Current Mailing Address: New Mailing Address:** 3925 MOORES LAKE ROAD **DOVER, FL 33527** FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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: SHIRLEY, CAROLE SHIRLEY, CAROL 3925 MOORES LAKE ROAD 3925 MOÓRES LAKE ROAD DOVER, FL 33527 DOVER, FL 33527 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: CAROL SHIRLEY 05/01/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WOODWARD, JIM Name: Name: 4750 BLUE HERON Address: Address: City-St-Zip: DE LEON SPRINGS, FL 32130 City-St-Zip: Title: () Delete Title: () Change () Addition BUD, BLANKENSHIP Name: Name: Address: 7783 SADDLE CREEK TRAIL Address: City-St-Zip: SARASOTA, FL 34241 US City-St-Zip: Title: () Delete Title: (X) Change () Addition SHIRLEY, CAROLE Name: SHIRLEY, CAROL Name: 3925 MOORES LAKE ROAD 3925 MOORES LAKE ROAD Address: Address: City-St-Zip: DOVER, FL 33527 US City-St-Zip: DOVER, FL 33527 US Title: () Delete Title: () Change () Addition JUDY, CLONINGER Name: Name: 2077 WEST LAKE HAMILTON DRIVE Address: Address: City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: Title: () Delete Title: (X) Change () Addition CATHY, WARREN PASCHAL, LINDA Name: Name: 26010 APPLE BLOSSOM LANE 12345 PARRISH CEMETERY RD Address: Address: WESLEY CHAPEL, FL 33544 US City-St-Zip: City-St-Zip: PARRISH, FL 34127 US Title: () Delete Title: (X) Change () Addition HARPER, ROSS BALYEAT, LINDA Name: Name: Address: 1844 S. HWY 475 Address: 9049 S. EVANS AVENUE OCALA, FL 34480 US INVERNESS, FL 34452 US City-St-Zip: 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: CAROL SHIRLEY S 05/01/2006