

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000004321**

1. Entity Name  
**THE ELIZA VARNES NEIGHBORHOOD ASSOCIATION,  
INC.**



Principal Place of Business  
**3802 HIGHVIEW ROAD  
SEFFNER, FL 33584**

Mailing Address  
**3802 HIGHVIEW ROAD  
SEFFNER, FL 33584**



01312006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3410094** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ANDERSON, CHARLOTTE I  
3802 HIGHVIEW ROAD  
SEFFNER, FL 33584**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

1100000518681  
05/02/06-00023-009 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WILSON, DARNELL 1811 OAK ST. SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD EDWARDS, BETTY 3804 HIGHVIEW RD SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILSON, DORIS 1811 OAK ST. SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDERSON, JULIA 3804 HIGHVIEW RD. SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKLAND, NANCY 323 TITIAN ROAD SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 517, 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:** *Charlotte I. Anderson* **Charlotte I. Anderson** **4/17/06 (813) 616-1413**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #