


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90030 002 ****61.25

DOCUMENT # N97000005941			
1. Entity Name OLD WIRE ROAD HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 672 E DUVAL STREET LAKE CITY, FL 32055		Mailing Address 672 E DUVAL STREET LAKE CITY, FL 32055	
2. Principal Place of Business 697 SW Pathfinder Glen		3. Mailing Address 697 SW Path Finder Glen	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort White, FL		City & State Fort White, FL	
Zip 32038	Country	Zip 32038	Country
6. Name and Address of Current Registered Agent BULLARD, AUDREY S 672 E DUVAL STREET LAKE CITY, FL 32055		7. Name and Address of New Registered Agent Name Johnson, Barbara Street Address (P.O. Box Number is Not Acceptable) 697 SW Path Finder Glen City Fort White FL Zip Code 32038	
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 <i>Barbara J. Johnson</i> Signature, typed or printed name of registered agent and title if applicable.		Barbara J. Johnson (NOTE: Registered Agent signature required when reinstating.) DATE 2-18-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KHACHIGAN, GLEN 672 E DUVAL STREET LAKE CITY, FL 32055 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Johnson, Barbara 697 SW Path Finder Glen Fort White, FL 32038 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BULLARD, CHRIS P.O. BOX 1432 LAKE CITY, FL 32055 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Wilder, Kim 892 SW Path Finder Glen Fort White, FL 32038 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Laidig, Holly 808 SW Path Finder Glen Fort White, FL 32038 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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02092005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3474291

Applied For
Not Applicable

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara J. Johnson* Barbara J. Johnson 2-18-05 (386) 497-1253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #