



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90024 026 ****61.25

DOCUMENT # N97000005941 1. Entity Name OLD WIRE ROAD HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 697 SW PATHFINDER GLEN FORT WHITE, FL 32038			Mailing Address 697 SW PATHFINDER GLEN FORT WHITE, FL 32038		
2. Principal Place of Business - No P.O. Box # 843 SW Pathfinder Glen Suite, Apt. #, etc. Fort White, FL City & State		3. Mailing Address 843 SW Pathfinder Glen Suite, Apt. #, etc. Fort White, FL City & State			
Zip 32038		Country USA		4. FEI Number 59-3474291	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent JOHNSON, BARBARA 697 SW PATHFINDER GLEN FORT WHITE, FL 32038			7. Name and Address of New Registered Agent Name Denise Petty Julie Grace Street Address (P.O. Box Number is Not Acceptable) 843 SW Pathfinder Glen 945 SW Pathfinder Glen City Fort White State 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 <u><i>Julie Grace</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>3-10-07</u>					
Filing Fee is \$61.25 Due by May 1, 2007		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	P JOHNSON, BARBARA 697 SW PATH FINDER GLEN FORT WHITE, FL 32038	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Rose Jones 495 SW Pathfinder Glen Fort White, FL 32038	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILDER, KIM 892 SW PATH FINDER GLEN FORT WHITE, FL 32038	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Charlene Kramer 654 SW Pathfinder Glen Fort White, FL 32038	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KURTZ, JAMIE 372 SW PATHFINDER GLEN FORT WHITE, FL 32038	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Alice Cherry 423 SW Pathfinder 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Denise Petty 843 SW Pathfinder 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Julie Grace 945 SW Pathfinder 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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.					
SIGNATURE: <u><i>Julie Grace</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-10-07</u> Daytime Phone #		