

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90032 041 ****61.25

DOCUMENT # N98000005679

1. Entity Name
**OLD FLORIDA BUNGALOWS HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**PO BOX 15624
PLANTATION, FL 33318 US**

Mailing Address
**C/O ARLINE M. WALKER & ASSOCIATES
PO BOX 15624
PLANTATION, FL 33324**

50007196



2. Principal Place of Business

3. Mailing Address
C/O A+W Property MGMT INC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO BOX 15624

01202005

Chg-NP

CR2E037 (10/03)

City & State

City & State

PLANTATION FL

4. FEI Number

65-1064622

Applied For

Not Applicable

Zip

Country

Zip

33318

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RONALD, D'ANNA ESQ
% MATTLIN & MCCLOSKEY
2300 GLADES RD., EAST 400
BOCA RATON, FL 33431**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 PD ☐ Delete
NAME WALLACE, PATRICE
STREET ADDRESS 824 SE 4TH COURT
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME COLLIER, LINDA
STREET ADDRESS 820 SE 4TH COURT
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME MCKAY, LEE ANN
STREET ADDRESS 826 SE 4TH COURT
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME HICKFORD, MICHELE
STREET ADDRESS 848 SE 4TH COURT
CITY-ST-ZIP DEERFIELD BEACH, FL 33341

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CARTER, PATRICK
STREET ADDRESS 816 SE 4TH COURT
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Patrice Wallace* **PATRICE WALLACE** X 1-25-05 698-6492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #