## **2006 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**



FILED Apr 05, 2006 8:00 am Secretary of State

	DOCUMENT # N9800007262  1. Entity Name OLDE SUTTON FOREST OWNER'S ASSOCIATION, INC.					-05-2006 90	0154 008	****61.2	25
Principal Place of Business 1008 PARK AVE 1008 PARK AVE 0RANGE PARK, FL 32073 US Mailing Address 1008 PARK AVE 0RANGE PARK, FL 32073				US	1   20   3   4   5   5   6   6			0918	
2. Principal Place of Business 3.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02172006 Cr	ng-NP	CR2E037	7 (11/05)	
City & State		City & State			4. FEI Number 59-354752	7		<u> </u>	plled For t Applicable
Zip	Country	Zip Cou		untry	5. Certificate of St	atus Desired		8.75 Add ee Required	
6.	Name and Address of Current I	Registered Agent		Ĭ	7. Name and Add	ress of New R	egistered A	gent	
ALLEN-HALL, JANE				Name					
1008 PARK AVE ORANGE PARK, FL 32073				Street Addres	t Address (P.O. Box Number is Not Acceptable)				
				City			FL	Zip Code	9
8. The above named entity submits this statement for the purpose			isa ita raalatar	ad office or socia	stored accest as best in	the Ctate of Fi-			
the obligations of SIGNATURE Signature	registered agent.  e, typed or printed name of registered egent in	and title if applicable.	(NOTE: Registere	d Agent signature requ	ired when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2006			S. Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be	\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.	OFFICERS AND DIF				Added to rees		ua vebaili	nem or at	ate
TITLE PD		ECTORS	<b>1</b> 11.		ADDITIONS/CHANGE		-		
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12. I hereby certify that the information supplied with this filling 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 it 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR