

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

FILED
Jul 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000004358

1. Entity Name
CENTRAL LEVY FARMS HUNT CLUB, INC.



Principal Place of Business

**18150 N.W. 35TH STREET
WILLISTON, FL 32696**

Mailing Address

**PO BOX 608
WILLISTON, FL 32696**



07062006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

35-2186794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THOMAS, COLLEEN
18150 N.W. 35TH STREET
WILLISTON, FL 32696**

**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

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 September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THOMAS, COLLEEN B
18150 N.W. 35TH STREET
WILLISTON, FL 32696**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COX, SHEILA
18150 N.W. 35TH STREET
WILLISTON, FL 32696**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOLT, PAIGE B
18150 N.W. 35TH STREET
WILLISTON, FL 32696**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000563614
07/12/06-80006-009 61.25

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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 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

Colleen Thomas

7/1/06

Date

352 528 6844

Daytime Phone #