

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

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000007353

1. Entity Name
**DOUBLE D FARMS CANAL PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**28900 SR 880
BELLE GLADE, FL 33430**

Mailing Address
**PO BOX 1210
BELLE GLADE, FL 33430**

DO NOT WRITE IN THIS SPACE



01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number **65-0969197** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**UNDERBRINK, ROBERT J
C/O KING RANCH, INC.
8050 SOUTH US HIGHWAY 27
SOUTH BAY, FL 33493**

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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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GROSE, PAUL S
STREET ADDRESS 8050 S US HWY 27
CITY-ST-ZIP SOUTH BAY, FL 33493

TITLE STD
NAME TOMASEK, ANDREA
STREET ADDRESS 8050 S US HWY 27
CITY-ST-ZIP SOUTH BAY, FL 33493

TITLE D
NAME SHAPIRO, NOEL
STREET ADDRESS 28900 SR 880
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE D
NAME HUNDLEY, JOHN L SR
STREET ADDRESS 25849 SR 880
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE O
NAME KIRCHMAN, KATHY M
STREET ADDRESS 28900 SR 880
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE D
NAME BURNS, RICHARD H
STREET ADDRESS 28900 SR 880
CITY-ST-ZIP BELLE GLADE, FL 33430

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02/10/06-80053-016 61.25

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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

Date

Daytime Phone #

Kathy M. Kirchman
1/20/06 561-976-9800