FILED
Mar 20, 2007 08:00 AM
Secretary of State

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000007353

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

Principal Place of Business	Mailing Address
28900 SR 880 BELLE GLADE, FL 33430	PO BOX 1210 BELLE GLADE, FL 33430

02162007 No Chg-NP CR2E037 (4/06)

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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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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	D
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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07Mar20-00036-025 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: Kathy M. Kirchman Kathy M. Kirchman 3/19/07 561-996-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #