


FILED
Jun 06, 2007 8:00 am
Secretary of State

06-06-2007 90069 037 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000008668			
1. Entity Name FARMINGTON HILLS COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 33520 LANGE FARM RD. DADE CITY, FL 33525		Mailing Address 33520 LANGE FARM RD. DADE CITY, FL 33525	
2. Principal Place of Business - No P.O. Box # 34441 Farmington Hills		3. Mailing Address Dr. 34441 Farmington Hills Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Dade City, FL		City & State Dade City, FL	
Zip 33525		Zip 33525	
Country USA		Country USA	
4. FEI Number 45-0506921		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARDNER, J. STEPHEN 220 SOUTH FRANKLIN ST. TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Fisher, Stephen J. Street Address (P.O. Box Number is Not Acceptable) 9852 Preakness Stakes Way City Dade City FL Zip Code 33525	
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 <i>Stephen J. Fisher</i>		DATE 6-3-2007	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	STD LANGE, THOMAS N 33520 LANGE FARM RD. DADE CITY, FL 33525 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Fisher, Stephen J. 9852 Preakness Stakes Way Dade City, FL 33525 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANGE, SUZANNE S 33520 LANGE FARM RD. DADE CITY, FL 33525 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Smith, Robert 8402 N. U.S. Hwy 301 Tampa, FL 33637 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Comly, Bonnie J 9818 Preakness Stakes Way Dade City, FL 33525 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Katz, Donald 9748 Preakness Stakes Way Dade City, FL 33525 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD messer, Susan 34049 Triple Crown Ct. Dade City, FL 33525 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Bonnie J. Comly</i>		DATE: 6-3-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE # 352-567-3717	