

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008668

FILED
Feb 19, 2009
Secretary of State

Entity Name: FARMINGTON HILLS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

34441 FARMINGTON HILLS DR
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

34441 FARMINGTON HILLS DR
DADE CITY, FL 33525

New Mailing Address:

FEI Number: 45-0506921 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHER, STEPHEN
9852 PREAKNESS STAKES WAY
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FISHER, STEPHEN J
Address: 9852 PREAKNESS STAKES WAY
City-St-Zip: DADE CITY, FL 33525

Title: VPD () Delete
Name: SMITH, ROBERT
Address: 8402 N. US HWY 301
City-St-Zip: TAMPA, FL 33637

Title: TD () Delete
Name: COMLY, BONNIE J
Address: 9818 PREAKNESS STAKES WAY
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: KATZ, DONALD
Address: 9748 PREAKNESS STAKES WAY
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: GRAVES, DAVID
Address: 9926 PREAKNESS STAKES WAY
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE J. COMLY

TD

02/19/2009

Electronic Signature of Signing Officer or Director

_____ Date