

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 20, 2011**  
**Secretary of State**

DOCUMENT# N05000011285

**Entity Name:** OLD TAMPA ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1800 2ND ST  
SUITE 104  
SARASOTA, FL 34236**New Principal Place of Business:**5844 OLD PASCO ROAD  
SUITE 100  
WESLEY CHAPEL, FL 33544**Current Mailing Address:**1800 2ND ST  
SUITE 104  
SARASOTA, FL 34236**New Mailing Address:**5844 OLD PASCO ROAD  
SUITE 100  
WESLEY CHAPEL, FL 33544**FEI Number:** 20-4426589**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**KLUDING, MATTHEW  
1800 SECOND STREET #104  
SARASOTA, FL 34236 US**Name and Address of New Registered Agent:**RIZZETTA & COMPANY, INC.  
3434 COLWELL AVENUE  
SUITE 200  
TAMPA, FL 33614 US

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: WILLIAM J. RIZZETTA

06/20/2011

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Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:****Title:** PRES  
**Name:** JOYNER, J. HUGH  
**Address:** 5844OLD PASCO ROAD, SUITE 100  
**City-St-Zip:** WESLEY CHAPEL, FL 33544**Title:** VP  
**Name:** BOWES, MARK  
**Address:** 5844 OLD PASCO ROAD  
**City-St-Zip:** WESLEY CHAPEL, FL 33544**Title:** ST  
**Name:** CLEMMONS, RUBY  
**Address:** 5844 OLD PASCO ROAD, SUITE 100  
**City-St-Zip:** WESLEY CHAPEL, FL 33544

I hereby 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 all other like empowered.

SIGNATURE: J. HUGH JOYNER

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06/20/2011

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Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date