

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12466

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** OLD HILLSBOROUGH ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

HALTON CIRCLE  
SEFFNER, FL 33583

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2081  
SEFFNER, FL 33584

**New Mailing Address:**

FEI Number: 59-2816940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GABRIEL, JAMES PRES.  
220 HALTON CIRCLE  
SEFFNER, FL 33584 US

**Name and Address of New Registered Agent:**

PAFUNDA, JEFF PRES.  
308 HALTON CIRCLE  
SEFFNER, FL 33584 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: JEFF PAFUNDA

04/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TREA ( ) Delete  
Name: JONES, CORNELIA  
Address: 302 HALTON CIRCLE  
City-St-Zip: SEFFNER, FL 33584

Title: PRES ( ) Delete  
Name: GABRIEL, JAMES  
Address: 220 HALTON CIRCLE  
City-St-Zip: SEFFNER, FL 33584

Title: V-PR (X) Delete  
Name: PAFUNDA, JEFF  
Address: 308 HALTON CIRCLE  
City-St-Zip: SEFFNER, FL 33584

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PRES (X) Change ( ) Addition  
Name: PAFUNDA, JEFF  
Address: 308 HALTON CIRCLE  
City-St-Zip: SEFFNER, FL 33584

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: CORNELIA JONES

TREA

04/15/2009

Electronic Signature of Signing Officer or Director

Date