2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005
Secretary of State

DOCUMENT# N38361

Entity Name: HOMETOWN PHASE II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3049582 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 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: ERICHSEN, MILLIE
Address: 9973 ALOMA BEND LN
City-St-Zip: OVIEDO, FL 32765

Title: STD ( ) Delete
Name: DURHAM, STACY
Address: 9970 ALOMA BEND LN
City-St-Zip: OVIEDO, FL 32765

Title: VPD ( ) Delete
Name: STONER, DONALD
Address: 9989 ALOMA BEND LN
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BRAUGHLER, CLARK
Address: 5442 COUNTY FAIR CT
City-St-Zip: OVIEDO, FL 32765

Title: VPD (X) Change ( ) Addition
Name: CANO, SANDRA
Address: 9832 BUBBLING BROOK CT
City-St-Zip: OVIEDO, FL 32765

Title: STD (X) Change ( ) Addition
Name: HOPPER, LARRY
Address: 5414 COUNTRY FAIR CT
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Change (X) Addition
Name: DEGRAFF, JODI
Address: 9825 BUBBLING BROOK CT
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Change (X) Addition
Name: SOULE, DON
Address: 5443 COUNTY FAIR CT
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CLARK BRAUGHLER PD 03/18/2005

Electronic Signature of Signing Officer or Director — Date