

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38361

FILED
Mar 14, 2006
Secretary of State

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: BRAUGHLER, CLARK
Address: 5442 COUNTY FAIR CT
City-St-Zip: OVIEDO, FL 32765

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: WATKINS, ERIC
Address: 9985 ALOMA BEND LN
City-St-Zip: OVIEDO, FL 32765

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 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: CLARK BRAUGHLER

PD

03/14/2006

Electronic Signature of Signing Officer or Director

Date