## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N38361

FILED Apr 05, 2007 Secretary of State

Entity Name: HOMETOWN PHASE II HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2180 W SR 434 **SUITE 5000** LONGWOOD, FL 327795044 **New Mailing Address: Current Mailing Address:** 2180 W SR 434 SUITE 5000 LONGWOOD, FL 327795044 FEI Number: 59-3049582 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition BRAUGHLER, CLARK Name: Name: 5442 COUNTY FAIR CT Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: ( ) Delete Title: PD (X) Change ( ) Addition WATKINS, ERIC Name: WATKINS, ERIC Name: Address: 9985 ALOMA BEND LN Address: 9985 ALOMA BEND LN City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765 Title: STD () Delete Title: VPD (X) Change ( ) Addition HOPPER, LARRY LYSTLUND, ROBERT Name: Name: 5414 COUNTRY FAIR CT Address: Address: 9990 ALOMA BEND LN City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765 Title: ( ) Delete Title: SD (X) Change ( ) Addition DEGRAFF, JODI Name: Name: SHAH, HARISH 9825 BUBBLING BROOK CT Address: Address: 9931 ALOMA BEND LN OVIEDO, FL 32765 OVIEDO, FL 32765 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SOULE, DON ERICHSEN, MILLIE Name: Name: 5443 COUNTY FAIR CT 9973 ALOMA BEND LN Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765 Title: () Delete Title: ( ) Change (X) Addition HOPPER, LARRY Name: Name: Address: Address: 5414 COUNTY FAIR CT OVIEDO, FL 32765 City-St-Zip: 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: ERIC WATKINS PD 04/05/2007