2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24885

FILED Mar 17, 2006 Secretary of State

Entity Name: ALMOND TREE ESTATES HOMEOWNER'S ASSOCIATION, INC

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
2180 WES SUITE 500 LONGWO		95044			
Current Mailing Address:			New Maili	New Mailing Address:	
2180 WES SUITE 500 LONGWO	_	95044			
FEI Number:	: 59-2874139	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
The above	R 434 OD, FL 32779 named entity		ourpose of changing i	ts registered office or registered agent, or both,	
	e of Florida.				
SIGNATUF		nic Signature of Registered Age	ent	 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR:	
Title: Name: Address: City-St-Zip:	WOCHNIK, KE	TREE CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HELD, BRIAN) Delete TREE CIRCLE 32835	Title: Name: Address: City-St-Zip:	VPD (X) Change () Addition WEAVER, ROBERT 1201 ALMOND TREE CT ORLANDO, FL 32835	
Title: Name: Address: City-St-Zip:	BUCHTA, DOF	TREE CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BENKOVICH,	TREE CIRCLE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	WHALE, MICH	TREE COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SALMANS, LÈ	TREE CIRCLE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition ELLIS, GEORGE 1225 ALMOND TREE CT ORLANDO, FL 32835	

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: KEN WOCHNIK PD 03/17/2006