2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004798

FILED Mar 23, 2007 Secretary of State

Entity Name: FIELDSTREAM HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 882 JACKSON AVE. WINTER PARK, FL 32789 **Current Mailing Address: New Mailing Address:** 882 JACKSON AVE WINTER PARK, FL 32789 FEI Number: 59-3470140 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: DAVIS, MARC P 882 JACKSON AVE. WINTER PARK, FL 32789 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) Change () Addition () Delete CAMILLERI, RONNIE FORTNA, DAVID Name: Name: 619 FIELDSTREAM BLVD. Address: 10526 BRUUN PLACE Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825 Title: PD () Delete Title: (X) Change () Addition MCGEARY, BRIAN Name: MCGEARY, BRIAN Name: Address: 10570 ANGLER CT Address: 10570 ANGLER CT City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825 Title: () Delete Title: (X) Change () Addition DAVIS, SHARLENE SAVOIA, ANDREW Name: Name: 325 FIELDSTREAM BLVD 10503 ANGLER CT. Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825 Title: VD () Delete Title: (X) Change () Addition Name: KISSOON, SUSAN Name: KISSOON, SUSAN 331 FIELDSTREAM BLVD 331 FIELDSTREAM BLVD Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825 Title: () Delete Title: (X) Change () Addition MCCUE, MARION MCCUE, MARION Name: Name: 10506 BROOK TROUT COURT 10506 BROOK TROUT COURT Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825 Title: () Delete Title: () Change (X) Addition KRAPE GEORGE Name: Name:

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.

Address:

City-St-Zip:

10533 ANGLER CT. ORLANDO, FL 32825

SIGNATURE: DAVID FORTNA P 03/23/2007

Address:

City-St-Zip: