

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004040

FILED
Apr 11, 2007
Secretary of State

Entity Name: DANIELS CROSSING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 500
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 500
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3427943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434, STE 5000
LONGWOOD, FL 327795044 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: TENDICK, ERIC
Address: 441 DANIELS POINTE DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD (X) Delete
Name: ADAMS, PATRICIA
Address: 248 DANIELS POINTE DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: TORRES, MIGUEL
Address: 661 DHARMA CIR
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD () Delete
Name: CANNADAY, LYLE
Address: 562 KARMA AVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: WOLFE, BRUCE
Address: 256 DANIELS POINTE DR
City-St-Zip: WINTER GARDEN, FL 34787

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change () Addition
Name: TORRES, MIGUEL
Address: 661 DHARMA CIR
City-St-Zip: WINTER GARDEN, FL 34787

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

Title: D (X) Change () Addition
Name: TERRUSA, DEBBIE
Address: 457 DANIELS POINTE DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Change (X) Addition
Name: ALLADIN, SAM
Address: 2606 HARTWOOD PINES WAY
City-St-Zip: CLERMONT, FL 34711

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 TENDICK

PD

04/11/2007

Electronic Signature of Signing Officer or Director

Date