2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State
03-05-2008 90030 050 ****61.25

DOCUMENT # N97000004798

1. Entity Name
FIELDSTREAM HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~882 JACKSON AVE.~~ ~~WINTER PARK, FL 32789~~	~~882 JACKSON AVE.~~ ~~WINTER PARK, FL 32789~~

01152008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5205 S. ORANGE AVE	5205 S. ORANGE AVE.
Suite, Apt. #, etc.: SUITE 206	Suite, Apt. #, etc.: SUITE 206
City & State: ORLANDO, FL	City & State: ORLANDO, FL.
Zip: 32809 Country: USA	Zip: 32809 Country: USA

4. FEI Number: 59-3470140 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~DAVIS, MARC P~~ ~~882 JACKSON AVE.~~ ~~WINTER PARK, FL 32789~~	Name: HOUSE OF MGMT ENT. FOR COMMUNITY Street Address (P.O. Box Number is Not Acceptable): 5205 S. ORANGE AVENUE SUITE 206 City: ORLANDO, FL Zip Code: 32809

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X _____ X 1/28/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FORTNA, DAVID 10526 BRUUN PLACE ORLANDO, FL 32825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SHARLENE DEWITZ 325 FIELDSTREAM BLVD. ORLANDO, FL 32825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGEARY, BRIAN 10570 ANGLER CT ORLANDO, FL 32825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D 624 FIELDSTREAM BLVD. ORLANDO, FL 32825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SAVOIA, ANDREW 10503 ANGLER CT. ORLANDO, FL 32825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T YVONNE K. NOEL 342 FLYROD CIRCLE ORLANDO, FL 32825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KISSOON, SUSAN 331 FIELDSTREAM BLVD ORLANDO, FL 32825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JEFF ALLISON 463 FLYROD CIRCLE ORLANDO, FL 32825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCCUE, MARION 10506 BROOK TROUT COURT ORLANDO, FL 32825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RENEE T. MONROE 355 FIELDSTREAM BLVD. ORLANDO, FL 32825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRAPF, GEORGE 10533 ANGLER CT. ORLANDO, FL 32825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Yvonne K. Noel 03/29/08 407-852-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #