

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90014 011 ****61.25

DOCUMENT # N98000002023 1. Entity Name FIELDSTREAM NORTH HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5205 S. ORANGE AVE. D- ORLANDO, FL 32809			Mailing Address 5205 S. ORANGE AVE. D- ORLANDO, FL 32809		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. SUITE 206 City & State		3. Mailing Address Suite, Apt. #, etc. SUITE 206 City & State			
4. FEI Number 59-3508548		Applied For Not Applicable			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HOUSE OF MGMT. ENTERPRISES FOR COMMUNITY 5205 S. ORANGE AVE. STED ORLANDO, FL 32809			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (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	PD PEREZ, LYDIA 10898 FLYCAST CIR ORLANDO, FL 32825	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERYL BISZICK 327 FRESHWATER COURT ORLANDO, FL 32825	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TIRADO, DIANA 142 FIELDSTREAM NORTH BLVD ORLANDO, FL 32825	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELSIE MIRABIL 10711 WILDLIFE PLACE ORLANDO, FL 32825	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WORKMAN, AARON 10947 BROWN TROUT CIR ORLANDO, FL 32825	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSA NIEVES 10875 FLYCAST CIRCLE ORLANDO, FL 32825	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FIORES, SANTOS 10601 KRESGE CT ORLANDO, FL 32825	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERMAN NIEVES 10875 FLYCAST CIRCLE ORLANDO, FL 32825	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAJDA, BRIAN 10630 CREEL CT. ORLANDO, FL 32826	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES MIRABIL 10711 WILDLIFE PLACE ORLANDO, FL 32825	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: Meryl B. Biszick, PRESIDENT, 04/04/08 407-852-5300 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					