2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004798

FILED Jan 22, 2009 Secretary of State

Entity Name: FIELDSTREAM HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5205 S ORANGE AVE SUITE 206 ORLANDO, FL 32809

New Mailing Address: Current Mailing Address:

5205 S ORANGE AVE SUITE 206 ORLANDO, FL 32809

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:

HOUSE OF MGMT ENT FOR COMMUNITY 5205 S ORANGE AVENUE SUITE 206 ORLANDO, FL 32809 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition DEWITZ, SHARLENE LUCAS, BONNIE Name: Name: 325 FIELDSTREAM BLVD Address: 336 FLYROD CIRCLE Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825

Title: () Delete Title: (X) Change () Addition MCGEARY, BRIAN Name: WEATHERWAX, NANCY Name: Address: 624 FIELDSTREAM BLVD Address: 10527 BRUUN PLACE City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825

Title: () Delete Title: (X) Change () Addition NOEL, YVONNE K KITTOE, PATRICK Name: Name:

342 FLYROD CIRCLE 10540 ANGLER COURT Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825

(X) Change () Addition Title: VΡ () Delete Title: VTD ALLISON, JEFF Name: ALLISON, JEFF Name:

463 FLYROD CIRCLE 463 FLYROD CIRCLE Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825

Title: () Delete Title: (X) Change () Addition

MONROE, RENEET MONROE, RENEE Name: Name: 355 FIELDSTREAM BLVD 355 FIELDSTREAM BLVD Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825

() Change (X) Addition Title: () Delete Title:

SAFNZ RICK Name: Name: Address: Address: 324 FLYROD CIRCLE ORLANDO, FL 32825 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BONNIE LUCAS **PRES** 01/22/2009