2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2008
Secretary of State

DOCUMENT# 745620

Entity Name: VILLAGES OF HOMESTEAD AUDUBON VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1851 S CANAL DRIVE
HOMESTEAD, FL 33035

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 901773
HOMESTEAD, FL 33090

New Mailing Address:

FEI Number: 59-1989975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHMECHTANBERG, LEE C
1533 SUNSET DRIVE
STE 201
CORAL GABLES, FL 33143 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:	D	( ) Delete
Name:	SUTTON, JAMES	
Address:	1302 N FIEDLARK LANE	
City-St-Zip:	HOMESTEAD, FL 33035	
Title:	ST	( ) Delete
Name:	STINGONE, CINDY	
Address:	1301 EGRET RD	
City-St-Zip:	HOMESTEAD, FL 33035	
Title:	D	( ) Delete
Name:	CLAPPERTON, WAYNE	
Address:	1020 N AUDUBON DR	
City-St-Zip:	HOMESTEAD, FL 33035	
Title:	VD	( ) Delete
Name:	WALDMAN, JUDY	
Address:	1283 EGRET ROAD	
City-St-Zip:	HOMESTEAD, FL 33035	
Title:	DP	( ) Delete
Name:	DIEHL, LARRY	
Address:	1670 EGRET ROAD	
City-St-Zip:	HOMESTEAD, FL 33035	
Title:	D	( ) Delete
Name:	PETERSON, ROBERT	
Address:	1429 KITTIWAKE COURT	
City-St-Zip:	HOMESTEAD, FL 33035	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: LARRY DIEHL P 04/20/2008

Electronic Signature of Signing Officer or Director — Date