2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 20, 2009
Secretary of State

DOCUMENT# 749061

Entity Name: FLYING LITTLE RIVER HOME OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

18094 77TH PLACE
MCALPIN, FL 32062 US

New Principal Place of Business:

7364 188TH PL
MCALPIN, FL 32062 US

Current Mailing Address:

P.O. BOX 81
MCALPIN, FL 32062 US

New Mailing Address:

FEI Number: 59-2542409 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, SHIRLEY A
18094 77TH PLACE
MC ALPIN, FL 32062 US

Name and Address of New Registered Agent:

DRISCOLL, JAMES H
7364 188TH PL
MC ALPIN, FL 32062 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: JAMES H. DRISCOLL 07/20/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: COHRON, WILLIAM
Address: 18080 77TH PL
City-St-Zip: MC ALPIN, FL 32062 US

Title: P ( ) Delete
Name: KANE, THOMAS
Address: 7330 188TH PLACE
City-St-Zip: MC ALPIN, FL 32062 US

Title: T ( ) Delete
Name: JONES, SHIRLEY A
Address: 18094 77TH PLACE
City-St-Zip: MC ALPIN, FL 32062 US

Title: VP ( ) Delete
Name: MOZINA, CLIDE
Address: 18443 75TH PLACE
City-St-Zip: MC ALPIN, FL 32062 US

Title: D ( ) Delete
Name: CORNWELL, JERRY
Address: 18420 73RD PLACE
City-St-Zip: MC ALPIN, FL 32062 US

Title: D (X) Delete
Name: BROWN, MORRIS
Address: 18230 77TH PLACE
City-St-Zip: MC ALPIN, FL 32062 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: DRISCOLL, JAMES H
Address: 7364 188TH PL
City-St-Zip: MC ALPIN, FL 32062 US

Title: P (X) Change ( ) Addition
Name: BROWN, MORRIS J
Address: 18230 77TH PL
City-St-Zip: MC ALPIN, FL 32062 US

Title: T (X) Change ( ) Addition
Name: CONRAD, EDGAR H
Address: 7508 180TH ST
City-St-Zip: MC ALPIN, FL 32062 US

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: JAMES H. DRISCOLL S 07/20/2009
Electronic Signature of Signing Officer or Director Date