


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90019 014 ****61.25

DOCUMENT # 752229					
1. Entity Name V.F.W. POST NO. 3227, HOME ASSOCIATION					
Principal Place of Business 915 NEW YORK AVE ST CLOUD, FL 34769-3361			Mailing Address 915 NEW YORK AVE ST CLOUD, FL 34769-3361		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01142007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1861954				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HUGHES, BERNARD 9355 ATLAS DR SAINT CLOUD, FL 34772			Name <u>Russell, Howard</u> Street Address (P.O. Box Number is Not Acceptable) <u>4315 SAULX CT</u> <u>SAINT</u> City <u>SAINT CLOUD</u> FL Zip Code <u>34772</u>		
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 <u>Howard F. Russell</u>			DATE <u>1/13/07</u>		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	SRV HODGINS, CHARLES 12 WYOMING AVE SAINT CLOUD, FL 34769	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMD RUSSELL, HOWARD 4315 SAULX CT SAINT CLOUD FL 34772	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV HODGINS, CHARLES 12 WYOMING AVE SAINT CLOUD, FL 34769	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURPHY, JOHN F 1700 EASTERN AVE. ST CLOUD, FL 34769440	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Qm's MURPHY JOHN F 4609 HICKORY TREE LN SAINT CLOUD FL 34772	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLY, LESLIE JR P.O. BOX 452025 KISSIMMEE, FL 347452025	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADJ ADAMS, HOWE 5280 ALLIGATOR LAKE RD SAINT CLOUD FL 34772	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADJ MAPES, RICHARD 159 RACHEL LIN LANE SAINT CLOUD, FL 34771	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JV JARVIS, STEVE 430 Jersey Ave SAINT CLOUD FL 34769	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>John F. Murphy</u>			DATE <u>1/13/07</u> (407) 892-7536		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		