## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 21, 2008 8:00 am Secretary of State

Signature   South   Street Address of Current Registered Agent   Street Address of Name and Address of Current Registered Agent   T. Name and Address of New R	1. Entity Nam	10	#757118 HOMEOWNERS		TION, INC.			 	-21-2008 9 <b>-</b> 21-2008 9	90028 04	0 ****61	.25
Suite, Apt. #, etc.  City & State  City & State  City & State  A . FEI Number 59-2312760  Next Applied For 59-2312760  Next Applied For 59-2312760  Next Applied For 59-2312760  Next Applied For 59-2312760  Search Applied For 59-2312760  Next Applied For 59-2312760  Search Applied For 59-231276  Search Applied For 59-2312760  Search Applied For 59-231276  Search Applied For	495 NE 4TH SUITE 7	STREET		C/O DEL 495 NE	RAY ACCOUNTING 4TH ST	S TAX SERVICES	, INC.		,			
City & State  Country  S. Certificate of Status Desired  S. Retflicate of Status Desire	2. Principal P	tace of Busin	ess - No P.O. Box#									
Signature   Signature   Signature   Signature repeated agent   Signature repeated agent   Signature repeated agent   Signature   Signature repeated agent   Signature repeated agent repeat	Suite, Apt. #, etc. Suite, Apt. #, etc.							02142008 Ch	g-NP	CR2E03	7 (12/06)	
S. Certificate of Status Desired   Fee Required    6. Name and Address of Current Registered Agent    7. Name and Address of New Registered Agent    Name    N	City & State City & State								)			plied For t Applicable
Name and Address of Current Registered Agent   Name   Na	Zip		Country	Zip		Country		5. Certificate of Sta	tus Desired		8.75 Add	itional
MAZER, MARCY R 15792 PHILODENDRON CIR DELRAY BEACH, FL 33484    City		6. Name	and Address of Curren	t Registered A	lgent	Name	-	7. Name and Addr	ess of New Ro			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent.  SIGNATURE    Signature, poed of printed ranne of registered agent and title # applicable. (NOTE: Registered Agent suprature required when reinstating))    DATE	15792 PHILODENDRON CIR											
SIGNATURE    Signature   Marcy   Marcy						City				FL	Zip Code	•
10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELRAY BEACH, FL 33484  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELRAY BEACH, FL 33484  CITY-ST-ZIP  TITLE  DENNIS, DEBORAH  STREET ADDRESS  CITY-ST-ZIP  DELRAY BEACH, FL 33484  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELRAY BEACH, FL 33484  CITY-ST-ZIP  DELRAY BEACH, FL 33484  CITY-ST-ZIP  DENNIS, DEBORAH  STREET ADDRESS  CITY-ST-ZIP  DELRAY BEACH, FL 33484  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELRAY BEACH, FL 33484  CITY-ST-ZIP  Change  Addition  Change  Change  Addition  Change  Change  Addition  Change  Change	SIGNATURE  Signature, typed of printed name of registered agent and title if applicable. T (NOTE: Registered Agent signature required when reinstating)  DATE  Filling Fee is \$61.25  9. Election Campaign Financing \$5.00 May Be  Make check payable to											
TITLE VSD Delete TITLE Delete DEFILIPPO, GRACE T STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP  TITLE PD DELRAY BEACH, FL 33484 CITY-ST-ZIP  TITLE MAKE STREET ADDRESS CITY-ST-ZIP  TITLE DELRAY BEACH, FL 33484 CITY-ST-ZIP  TI	10	Due by N	<u>.</u>		Trust Fund Co	<u> </u>		·	·	·	L.	2.
MAME STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484  TITLE NAME STREET ADDRESS CITY-ST-ZIP DENNIS, DEBORAH STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484  TITLE DENNIS, DEBORAH STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484  TITLE NAME STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete Delete TITLE Orange Additional Change	TITLE NAME STREET ADDRESS	DEFILIPE 15724 PH	O, GRACE T	in Europe	☐ Delete	THILE NAME STREET ADDRESS		ADDITIONS/OF INICIAL	310011021			Addition
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	NAME STREET ADDRESS				☐ Delete	NAME STREET ADORESS		7	4		Change	☐ Addition
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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 cath; that I am an officer or direct 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 1: changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:    SIGNATURE AND TYPED ON PRINTED MAKE OF SIGNING OFFICER PRINTED FOR PRINTED MAKE OF SIGNING OFFICER PRIN	STREET ADDRESS		•									