## 2008 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT (AR)** DOCUMENT # 761673

## **FILED** May 14, 2008 8:00 am Secretary of State

		ESTATES HOMEO	OWNERS ASSOCIATION	ON,			-2008 90021		
INC.				1000		A			
Principal Plac	e of Busines	S	Mailing Address		1.	9			
ANCHOR DR. ENTRANCE P. O. BOX 372534 INDIAN HARBOR BEACH FL 32937 US			P.O. BOX 372534 SATELLITE BEACH FL 32937-0534 US			•			
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address			. 1 195/4 19818 81181		4 41811 81811 81811 818	1) E1#11181 BI 1861
Suite, Apt. #. etc.			Suite, Apt. #, etc.			1st MOOR	E CR2	E037 (10/07	)
City & State		City & State			4. FEI Number 59-2824303 Applied For Not Applicable				
Zip		Country	Zip	Country		5. Certificate of Status	Desired [	\$8.75 Fee Req	Additional uired
6. Name and Address of Current F			Registered Agent			7. Name and Address of New Registered Agent			
				Name					
STOFFER, LUCILLE 74 ANCHOR DR.			10007	Street A	Street Address (P.O. Box Number is Not Acceptable)				
INU	IAN HAH	BOUR BEACH FL 3	2937						
		} ^	3- 4	City		1		FL Zip (	Code
8. The above	named entit	y submits this statement fo	othe purpose of changing its	registered office or	registered	d agent, or both, in the	State of Florida.	Tam familiar w	ith, and accept
the obligat	tions of regis	tered agent:							
SIGNATURE									
	Signature, typed	or printed name of registered agent	and the diapplicable. (NOTE	: Registered Agent signat	ae required w	han reinstating)	ı	DATE	
	さきに おきりゅうすじき	FEE IS \$61.25 May 1, 2008	9. Election Carr Trust Fund C	npaign Financing contribution.		55.00 May Be added to Fees	Make C Florida D	heck Payal epartment o	ole to
10.	さきに おきりゅうすじき	Čiti. I belgi tipborg pera e e e er egit ge ijerbelljalka i	Trust Fund C		م لا		Make C Florida D	heck Payal epartment (	ole to
	Due By	May 1, 2008 OFFICERS AND DIF	Trust Fund C	ontribution.	AC PD	odded to Fees	Make C Florida D	heck Payal epartment (	ole to of State
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHNEIDE 22 ANCHO INDIAN HA	OFFICERS AND DIF	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gord	odded to Fees  DOITIONS/CHANGES THE STATE OF	Make C Florida D O OFFICERS AF	Pieck Payal epartment of ND DIRECTOR Chan	of State SIN 10 ge Addition
10. TUTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD SCHNEIDE 22 ANCHO INDIAN HA	OFFICERS AND DIE ER, RALPH DR DRIVE ARBOUR BCH FL 32937	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gord	DOITIONS/CHANGES T don Spinney Anchor Dr.	Make C Florida D O OFFICERS AF	heck Payal epartment ( ND DIRECTOR 2 Chan	of State SIN 10 ge Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it 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.

Locille Stoffer 4-2308 SIGNATURE: Lucille Stoffer