

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763745

FILED
May 06, 2007
Secretary of State

Entity Name: HOMEOWNERS OF LA CITA, INC.

Current Principal Place of Business:

P.O. BOX 2307
TITUSVILLE, FL 32781

New Principal Place of Business:

3749 OAKHILL DR.
TITUSVILLE, FL 32780

Current Mailing Address:

P.O. BOX 2307
TITUSVILLE, FL 32781

New Mailing Address:

FEI Number: 59-2469760 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NORMAN, HERMAN
3749 OAKHILL DRIVE
TITUSVILLE, FL 32780 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HERMAN, NORMAN
Address: 3692 MUIRFIELD DRIVE
City-St-Zip: TITUSVILLE, FL

Title: P () Delete
Name: HEMINGWAY, THOMAS
Address: 3670 MUIRFIELD
City-St-Zip: TITUSVILLE, FL

Title: D () Delete
Name: TINNERELLO, AL
Address: 3575 RANEY ROAD
City-St-Zip: TITUSVILLE, FL 32780

Title: S () Delete
Name: SHANNON, FRAN
Address: 575 SHADOW WOOD LANE #215
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: HERMAN, NORMAN
Address: 3749 OAKHILL DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: PD (X) Change () Addition
Name: HEMINGWAY, THOMAS
Address: 3670 MUIRFIELD
City-St-Zip: TITUSVILLE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SHANNON, FRAN
Address: 575 SHADOW WOOD LANE #215
City-St-Zip: TITUSVILLE, FL 32780

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: NORMAN A. HERMAN

TD

05/06/2007

Electronic Signature of Signing Officer or Director

_____ Date