2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 28, 2007
Secretary of State

DOCUMENT# F93000002467

Entity Name: ENTERPRISE HOUSING - LAKE WALES, INC.

Current Principal Place of Business:

833 WEST MAIN STREET
CARMEL, IN 46032

New Principal Place of Business:

Current Mailing Address:

833 WEST MAIN STREET
CARMEL, IN 46032

New Mailing Address:

FEI Number: 35-1873038 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NARDI, MICHEL
915 CHESTNUT STREET
CLEARWATER, FL 34616 US

Name and Address of New Registered Agent:

PETERS, HUGH M
307 MARSH POINT CIRCLE
ST. AUGUSTINE, FL 32080 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: HUGH M PETERS 08/28/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: PETERS, HUGH M
Address: 307 MARSH POINT CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: SD ( ) Delete
Name: THOMAS, DONNA S
Address: 3560 TOWNE DRIVE
City-St-Zip: CARMEL, IN 46032

Title: D ( ) Delete
Name: COLLINS, MARK E
Address: 437 LANDINGS LOOP E.
City-St-Zip: WESTERVILLE, OH 43082

Title: D ( ) Delete
Name: VITO, IOVINO
Address: PO BOX 2224
City-St-Zip: KOKOMO, IN 46904

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition
Name: BROWN, JOSEPH C
Address: 11476 LAKE STONEBRIDGE LANE
City-St-Zip: FISHERS, IN 46038

Title: D ( ) Change (X) Addition
Name: KRANSTUBER, DAVID T
Address: P.O. BOX 361
City-St-Zip: NORTH MYRTLE BEACH, SC 29582

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: DONNA S. THOMAS SD 08/28/2007
Electronic Signature of Signing Officer or Director Date