

**• 2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000007401**

1. Entity Name  
**AUBURN HILLS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**105 AUBURN COURT  
HAINES CITY, FL 33844 US**

Mailing Address  
**105 AUBURN COURT  
HAINES CITY, FL 33844 US**



04262007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3739681**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HAFF, TULA M  
3399 CYPRESS GARDENS RD  
SUITE C  
WINTER HAVEN, FL 33884**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME STERLING, LEE KING SR.  
STREET ADDRESS 105 AUBURN COURT  
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE VP  
NAME BOSWELL, KAREN  
STREET ADDRESS 108 AUBURN COURT  
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE TD  
NAME KING, LENITA  
STREET ADDRESS 105 AUBURN COURT  
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE SD  
NAME DELVALLE, ROLANDO  
STREET ADDRESS 107 AUBURN CT  
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Sterling King (Sterling King)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-07 863 422-0075  
Date Daytime Phone #

U00000746430  
05/16/07-80072-006 61.25

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IN THIS SPACE**