


**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

<h1 style="margin: 0;">DOCUMENT # N00000007401</h1>		
<b>1. Entity Name</b> AUBURN HILLS HOMEOWNERS ASSOCIATION, INC.		
<b>Principal Place of Business</b> 105 AUBURN COURT HAINES CITY, FL 33844 US		<b>Mailing Address</b> 105 AUBURN COURT HAINES CITY, FL 33844 US
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
<b>6. Name and Address of Current Registered Agent</b>		
HAFF, TULA M 3399 CYPRESS GARDENS RD SUITE C WINTER HAVEN, FL 33884		Name
		Street Address
		City
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>
<b>10. OFFICERS AND DIRECTORS</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD STERLING, LEE KING SR. 105 AUBURN COURT HAINES CITY, FL 33844 <input type="checkbox"/> Delete	<b>11.</b> <b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOSWELL, KAREN 108 AUBURN COURT HAINES CITY, FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KING, LENITA 105 AUBURN COURT HAINES CITY, FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELVALLE, ROLANDO 107 AUBURN CT HAINES CITY, FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 611 changed, or on an attachment with an address, with all other like empowered.</b>		
<b>SIGNATURE:</b> <u>Sterling L. King - Sterling</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		