2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N00000007401

Entity Name: AUBURN HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

105 AUBURN COURT
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

105 AUBURN COURT
HAINES CITY, FL 33844 US

New Mailing Address:

FEI Number: 59-3739681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: PD ( ) Delete
Name: KING, SR, STERLING L
Address: 105 AUBURN COURT
City-St-Zip: HAINES CITY, FL 33844 US

Title: VP ( ) Delete
Name: BOSWELL, KAREN
Address: 108 AUBURN COURT
City-St-Zip: HAINES CITY, FL 33844 US

Title: TD ( ) Delete
Name: KING, LENITA
Address: 105 AUBURN COURT
City-St-Zip: HAINES CITY, FL 33844 US

Title: SD ( ) Delete
Name: DELVALLE, ROLANDO
Address: 107 AUBURN CT
City-St-Zip: HAINES CITY, FL 33844 US

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

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: STERLING LEE KING SR PD 04/28/2009

Electronic Signature of Signing Officer or Director — Date