

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N01000002464

1. Entity Name

AUDUBON FOREST HOMEOWNERS ASSOCIATION, INC.



FILED

**May 04, 2007 8:00 am
Secretary of State**

05-04-2007 90072 020 ****61.25



1st MOORE CR2E037 (10/06)

Principal Place of Business		Mailing Address					
508-A CAPITAL CIRCLE SE TALLAHASSEE FL 32301		P O BOX 1523 CRAWFORDVILLE FL 32327					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CUSHARD, TODD 151 DUNCAN DRIVE CRAWFORDVILLE FL 32327				Name <u>CYNTHIA McDONALD</u> Street Address (P.O. Box Number is Not Acceptable) <u>46 DUNCAN DR</u> <u>CRAWFORDVILLE</u> City <u>FL</u> Zip Code <u>32327</u>			
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 <u>Cynthia McDonald</u>				DATE <u>4/25/07</u>			
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when restating)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D CUSHARD, TOM 151 DUNCAN DRIVE CRAWFORDVILLE FL 32327	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	CYNTHIA McDONALD 46 DUNCAN DR. CRAWFORDVILLE, FL 32327		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D HAWKINS, TOM 127 DUNCAN DR CRAWFORDVILLE FL 32327	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	KATHLEEN NEY 143 DUNCAN DR. CRAWFORDVILLE, FL 32327		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D GOAMBEL, MARVIN 170 DUNCAN DR CRAWFORDVILLE FL 32327	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	JAMES PORTER 183 DUNCAN DR. CRAWFORDVILLE, FL 32327		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D CREEL, WAYNE 87 DUNCAN DRIVE CRAWFORDVILLE FL 32327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Cynthia McDonald</u>				DATE <u>4/25/07</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			