2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2009
Secretary of State

DOCUMENT# N01000002464

Entity Name: AUDUBON FOREST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

508-A CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P O BOX 1523
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCDONALD, CYNTHIA
66 DUNCAN DR.
CRAWFORDVILLE, FL 32327 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: P ( ) Delete
Name: MCDONALD, CYNTHIA
Address: 66 DUNCAN DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: V ( ) Delete
Name: NEY, KATHLEEN
Address: 143 DUNCAN DR.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T ( ) Delete
Name: LIMA, ROY
Address: 259 DUNCAN DR.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S ( ) Delete
Name: MALLOW, PENNY
Address: 269 DUNCAN DR.
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: LANE, PAMELA
Address: 276 DUNCAN DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

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: PAMELA A. LANE T 07/28/2009

Electronic Signature of Signing Officer or Director — Date