

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003094

FILED  
Apr 11, 2007  
Secretary of State

**Entity Name:** FOUR CORNERS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST ST RD.434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST ST RD.434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**New Mailing Address:**

**FEI Number:** 59-3720908

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
2180 WEST ST RD.434  
SUITE 5000  
LONGWOOD, FL 327795044 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 (X) Delete  
Name: GARAVAGLIA, BRIAN  
Address: 526 CASSIA DR.  
City-St-Zip: DAVENPORT, FL 33897 US

Title: VP ( ) Delete  
Name: JANKOWSKY, PETER  
Address: 806 CASSIA DR.  
City-St-Zip: DAVENPORT, FL 33897 US

Title: SDTD ( ) Delete  
Name: LORD, BRYSON  
Address: 632 ELDERBERRY DR.  
City-St-Zip: DAVENPORT, FL 33897 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PD (X) Change ( ) Addition  
Name: JANKOWSKY, PETER  
Address: 806 CASSIA DR  
City-St-Zip: DAVENPORT, FL 33897

Title: VPD (X) Change ( ) Addition  
Name: CARTER, JOE  
Address: 336 ELDERBERRY DR  
City-St-Zip: DAVENPORT, FL 33897

Title: SD ( ) Change (X) Addition  
Name: GARAVAGLIA, BRIAN  
Address: 526 CASSIA DR  
City-St-Zip: DAVENPORT, FL 33897

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER JANKOWSKI

PD

04/11/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date