

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008251

FILED
Mar 18, 2009
Secretary of State

Entity Name: SOUTH FORK OF HILLSBOROUGH COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

13911 N DALE MABRY HWY
SUITE 201A
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

13911 N DALE MABRY HWY
SUITE 201A
TAMPA, FL 33618

New Mailing Address:

FEI Number: 69-0009436 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DLG ASSOCIATION SERVICES, INC.
13911 N DALE MABRY HWY
SUITE 201A
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

DLG MANAGEMENT SERVICES, INC.
13911 N DALE MABRY HWY
SUITE 201A
TAMPA, FL 33618 US

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: DLG MANAGEMENT SERVICES

03/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ABABIO, KO
Address: 13809 SIGLER STREET
City-St-Zip: RIVERVIEW, FL 33579

Title: VP () Delete
Name: LOMBARDO, CLIFF
Address: 10611 NOAH COURT
City-St-Zip: RIVERVIEW, FL 33579

Title: SD () Delete
Name: LOMBARDO, DAWN
Address: 10611 NOAH COURT
City-St-Zip: RIVERVIEW, FL 33579

Title: TD () Delete
Name: HORVATH, RICHARD
Address: 10567 OPUS DRIVE
City-St-Zip: RIVERVIEW, FL 33579

Title: D () Delete
Name: ACOSTA, ANGEL
Address: 10612 LOGAN CHASE LANE
City-St-Zip: RIVERVIEW, FL 33579

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:

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: DIANE LEE

MGR

03/18/2009

Electronic Signature of Signing Officer or Director

Date