2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01938 1. Entity Name



FILED Feb 26, 2007 8:00 am Secretary of State 02-26-2007 90057 010 ****61.25

HOMEON	WNERS ASSOCIATION, INC.								
C/O CONDO MANAGEMENT ALT. INC. PO		Mailing Address PO BOX 8506 CORAL SPRINGS, FL 33075 US				Mamama Mamama		118 M 818 M 811	MI31 81 1881
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01312007 _C	hg-NP	CR2E037	(12/06)	
City & State		City & State			4. FEI Number 59-244365	54			plied For of Applicable
Zip	Country	Zip	Country		5. Certificate of S	latus Desired		8.75 Add e Require	
****	6. Name and Address of Current R	egistered Agent	Name		7. Name and Add	iress of New R	egistered Age	ent	
CONDO MGMT ALTERNATIVE, INC									
	AMPLE RD.		Street A	ddress (F	O. Box Number is	Not Acceptable	e)		
CORAL SPRINGS, FL 33065									
<u>.</u>			City				FL	Zip Cod	e
8. The above	named entity submits this statement for t	he purpose of changing its re	egistered office o	r registere	ed agent, or both, in	the State of Flo	orida. I am fan	niliar with,	and accept
the obligat	tions of registered agent.								
SIGNATURE :									
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: F	Registered Agent signal	lure required	when reinstating)	* ***	DATE		
						l			
Filing Fee'is \$61.25 Due by May 1, 2007		9. Election Camp	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be	l M	lake check p	ayable te	•
	Due by May 1, 2007				Added to Fees		ida Departm		
10.	OFFICERS AND DIRE	Trust Fund Co			Added to Fees DDITIONS/CHANG	Flor		ent of St	ate
TITLE	OFFICERS AND DIRE	Trust Fund Co	ntribution. 11. TITLE		Added to Fees	Flor	RS AND DIREC	ent of St	ate
TITLE NAME	OFFICERS AND DIRE PD KANE, ARTHUR	Trust Fund Co	ntribution. 11. TITLE NAME		Added to Fees	Flor	RS AND DIREC	CTORS IN	10
TITLE NAME STREET ADDRESS	OFFICERS AND DIRE PD KANE, ARTHUR PO BOX 8506	Trust Fund Co	ntribution. 11. TITLE NAME STREET ADDRESS		Added to Fees	Flor	RS AND DIREC	CTORS IN	10
TITLE NAME	OFFICERS AND DIRE PD KANE, ARTHUR	Trust Fund Co	ntribution. 11. TITLE NAME		Added to Fees	Flor	RS AND DIREC	CTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PD KANE, ARTHUR PO BOX 8506 CORAL SPRINGS, FL 33075	Trust Fund Co	ntribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		Added to Fees	Flor	RS AND DIREC	CTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRE PD KANE, ARTHUR PO BOX 8506 CORAL SPRINGS, FL 33075 VD FARLEY, ELISABETH PO BOX 8506	Trust Fund Co	TI. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Added to Fees	Flor	RS AND DIREC	CTORS IN Change	10 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PD KANE, ARTHUR PO BOX 8506 CORAL SPRINGS, FL 33075 VD FARLEY, ELISABETH PO BOX 8506 CORAL SPRINGS, FL 33075 TD PETRO, MARTIN POB 8506 CORAL SPRINGS, FL 33075	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WELLS	Added to Fees	ES TO OFFICE	RS AND DIREC	CTORS IN Change	10 Addition Addition
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indicated on this report or supplied with this limit does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>2-23-07</u>

954-752-4796

Daytime Phone #