## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N02000001788

TI FILED

Aug 04, 2008
Secretary of State

Entity Name: ESTATES ON LAKE MILLS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

785 MILLS ESTATE PL. CHULUOTA, FL 32766

Current Mailing Address: New Mailing Address:

P.O.BOX 621353 OVIEDO, FL 32762

FEI Number: 33-1007235 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MOORE, DEBORAH 785 MILLS ESTATE PL. CHULUOTA, FL 32766 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:

Clashania Cinnahura of Davietana d Anaut

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: ( ) Change ( ) Addition

Name:GIAMBRUNO, RICHARDName:Address:2744 CANOPY OAK CT.Address:City-St-Zip:CHULUOTA, FL 32766City-St-Zip:

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition

 Name:
 MARHOEFER, ANNE
 Name:
 MOORE, DEBBI

 Address:
 820 MILLS ESTATE PL
 Address:
 785 MILLS ESTATE PLACE

Address: 820 MILLS ESTATE PL Address: 785 MILLS ESTATE PLACE City-St-Zip: OVIEDO, FL 32765 City-St-Zip: CHULUOTA, FL 32766

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

 Name:
 MOORE, DEBORAH
 Name:
 NESSIM, JUDY

 Address:
 785 MILLS ESTATE PL
 Address:
 1001 NATIVE COURT

 City-St-Zip:
 CHULUOTA, FL 32766
 City-St-Zip:
 CHULUOTA, FL 32766

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: DEBBI MOORE VP 08/04/2008