

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2006
Secretary of State**

DOCUMENT# N02000005722

Entity Name: NADIA HEIGHTS HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 778
EAGLE LAKE, FL 33839

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 778
EAGLE LAKE, FL 33839

New Mailing Address:

FEI Number: 03-0474178 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHORETTE, MICHAEL C
306 ARROWROOT ROAD
WINTER HAVEN, FL 33880 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 () Delete
Name: SHORETTE, MICHAEL C
Address: POST OFFICE BOX 778
City-St-Zip: EAGLE LAKE, FL 33839

Title: VD () Delete
Name: POWELL, SANDRA E
Address: PO BOX 1161
City-St-Zip: HIGHLAND CITY, FL 33846

Title: STD () Delete
Name: SHORETTE, THADEUS J
Address: 117 WEEPING WILLOW ROAD
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD () Delete
Name: SHORETTE, KIMBERLY
Address: 117 WEEPING WILLOW ROAD
City-St-Zip: WINTER HAVEN, FL 33880

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:

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: MICHAEL SHORETTE

PD

04/29/2006

Electronic Signature of Signing Officer or Director

_____ Date