

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 17, 2007  
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:**

306 ARROWROOT ROAD  
WINTER HAVEN, FL 33880

**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 C. SHORETTE

PD

04/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date