


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000006020 1. Entity Name AUDUBON PLACE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business AUDUBON PLACE HOMEOWNERS ASSOC. 1016 ROBIN LANE WINTER HAVEN, FL 33884	Mailing Address AUDUBON PLACE HOMEOWNERS ASSOC. 1016 ROBIN LANE WINTER HAVEN, FL 33884
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DO NOT WRITE IN THIS SPACE



04122005 No Chg-NP CR2E037 (10/03)

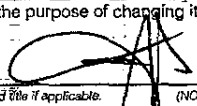
4. FEI Number 05-0526206	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROUNTREE, JASON G
1016 ROBIN LANE
WINTER HAVEN, FL 33884

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 4/12/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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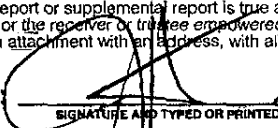
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROUNTREE, JASON 1016 ROBIN LN WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROUNTREE, JAMIE 1016 ROBIN LN WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CHERRY, DONNA 1025 ROBIN LANE WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/18/05-80109-003 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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  DATE 4/12/05 DAYTIME PHONE # 863-325-0073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR