

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

FILED
Jun 22, 2007 8:00 am
Secretary of State

06-22-2007 90001 047 ****61.25

DOCUMENT # N02000006020

1. Entity Name
AUDUBON PLACE HOMEOWNERS ASSOCIATION, INC.



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**

DO NOT WRITE IN THIS SPACE

04022007 No Chg-NP CR2E037 (4/06)

4. FEI Number
05-0526206

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROUNTREE, JASON
STREET ADDRESS 1016 ROBIN LN
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE VD
NAME ROUNTREE, JAMIE
STREET ADDRESS 1016 ROBIN LN
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE TD
NAME ADDINGTON, WILLIAM
STREET ADDRESS 1019 ROBIN LANE
CITY-ST-ZIP 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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 affidavit, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jason Rountree

Date

6/11/07

Daytime Phone #

8633250073