

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005739

FILED
Apr 22, 2009
Secretary of State

Entity Name: MCQUEEN ROAD SELECT HOMESITES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2730 MCQUEEN RD
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

2730 MCQUEEN RD
APOPKA, FL 32703

New Mailing Address:

FEI Number: 34-1990502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEARSON, HENRY
2730 MCQUEEN RD
APOPKA, FL 32703 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: DP () Delete
Name: PEARSON, HENRY
Address: 2730 MCQUEEN RD
City-St-Zip: APOPKA, FL 32703

Title: DV () Delete
Name: BOLDEN, MARY
Address: 2550 MCQUEEN RD
City-St-Zip: APOPKA, FL 32703

Title: DTS () Delete
Name: HUNTER, TAMARA
Address: 2760 MCQUEEN RD
City-St-Zip: APOPKA, FL 32703

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:

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: HENRY PEARSON

DP

04/22/2009

Electronic Signature of Signing Officer or Director

Date