


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90048 017 ****70.00

DOCUMENT # N03000008392	
1. Entity Name NIAGARA HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 7956 NIAGARA FALLS CT ORLANDO FL 32825	Mailing Address 7956 NIAGARA FALLS CT ORLANDO FL 32825
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2. Principal Place of Business - No P.O. Box # 7920 NIAGARA FALLS CRT	3. Mailing Address 7920 NIAGARA FALLS CRT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Orlando, FL	City & State Orlando, FL
Zip 32825	Country ORANGE
Zip 32825	Country ORANGE



1st MOORE CR2E037 (10/06)

4. FEI Number 20-0924511	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOBON, JEREMY 7956 NIAGARA FALLS CT. ORLANDO FL 32825	
7. Name and Address of New Registered Agent Name: EVARISTO GUZMAN Street Address (P.O. Box Number is Not Acceptable): 7920 NIAGARA FALLS CRT City: Orlando FL Zip Code: 32825	

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 resigning.) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME SOBON, JEREMY STREET ADDRESS 7956 NIAGARA FALLS CT CITY ST ZIP ORLANDO FL 32825	<input type="checkbox"/> Delete	TITLE EDWIN JAVIER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 7842 NIAGARA FALLS CRT STREET ADDRESS ORLANDO, FL 32825 CITY ST ZIP	
TITLE D NAME OTALORA, JORGE STREET ADDRESS 7860 NIAGARA FALLS CT CITY ST ZIP ORLANDO FL 32825	<input type="checkbox"/> Delete	TITLE EVARISTO GUZMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 7920 NIAGARA FALLS CRT STREET ADDRESS ORLANDO, FL 32825 CITY ST ZIP	
TITLE D NAME POMALES, JESSE STREET ADDRESS 7836 NIAGARA FALLS CT CITY ST ZIP ORLANDO FL 32825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: Evaristo Guzman EVARISTO GUZMAN 2/7/07 407-275-6511