

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008785

FILED
Apr 16, 2007
Secretary of State

Entity Name: NEW STREET HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

955 KELLER RD, SUITE 1500
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

1170 TREE SWALLOW DRIVE
SUITE 305
WINTER SPRINGS, FL 32708

Current Mailing Address:

955 KELLER RD, SUITE 1500
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

1170 TREE SWALLOW DRIVE
SUITE 305
WINTER SPRINGS, FL 32708

FEI Number: 75-3227391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAYNE VON DREELE
3993 WEST FIRST ST
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

CLASSIC PROPERTY MANAGEMENT GROUP INC.
1170 TREE SWALLOW DRIVE
SUITE 305
WINTER SPRINGS, FL 32708 US

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: JEFF SMITH

04/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DONATO, DOMINICK
Address: 955 KELLER RD, SUITE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPD () Delete
Name: PRIOR, TOM
Address: 955 KELLER RD, SUITE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: STD () Delete
Name: BERRYHILL, BILL
Address: 955 KELLER RD, SUITE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Delete
Name:
Address:
City-St-Zip:

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: VP () Change (X) Addition
Name: SMITH, JEFF
Address: 1170 TREE SWALLOW DRIVE SUITE 305
City-St-Zip: WINTER SPRINGS, FL 32708

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: JEFF SMITH

VP

04/16/2007

Electronic Signature of Signing Officer or Director

Date