

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008785

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** NEW STREET HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1170 TREE SWALLOW DRIVE  
SUITE 305  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

1170 TREE SWALLOW DRIVE  
SUITE 305  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

**FEI Number:** 75-3227391

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLASSIC PROPERTY MANAGEMENT GROUP INC.  
1170 TREE SWALLOW DRIVE  
SUITE 305  
WINTER SPRINGS, FL 32708 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: 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: VP (X) Delete  
Name: SMITH, JEFF  
Address: 1170 TREE SWALLOW DRIVE SUITE 305  
City-St-Zip: WINTER SPRINGS, FL 32708

**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: ( ) 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: BILL BERRYHILL

STD

04/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date