2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000008785

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Entity Name: NEW STREET HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1170 TREE SWALLOW DRIVE 1075 E. NEW STREET SUITE 305 DELAND, FL 32724

WINTER SPRINGS, FL 32708

Current Mailing Address: New Mailing Address:

1170 TREE SWALOW DRIVE 1075 E. NEW STREET SUITE 305 DELAND, FL 32724 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: Name and Address of New Registered Agent:

CLASSIC PROPERTY MANAGEMENT GROUP INC.

1170 TREE SWALLOW DRIVE

SUITE 305

WOULARD, ANESER
1075 E. NEW STREET
DELAND, FL 32724 US

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: ANESER WOULARD 11/10/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: P (X) Change () Addition

 Name:
 DONATO, DOMINICK
 Name:
 WOULARD, ANESER

 Address:
 955 KELLER RD, SUITE 1500
 Address:
 1075 E. NEW STREET

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 City-St-Zip:
 DELAND, FL 32724

Title: VPD (X) Delete Title: () Change () Addition

 Name:
 PRIOR, TOM
 Name:

 Address:
 955 KELLER RD, SUITE 1500
 Address:

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 City-St-Zip:

Title: STD (X) Delete Title: () Change () Addition

Name:BERRYHILL, BILLName:Address:955 KELLER RD, SUITE 1500Address:City-St-Zip:ALTAMONTE SPRINGS, FL 32714City-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: ANESER WOULARD P 11/10/2009