2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009993

FILED Apr 11, 2007 Secretary of State

Entity Name: ABRAMS RIDGE FIRST ADDITION HOMEOWNERS ASSOCIATION, INC.

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

2504 MONTECITO AVENUE 2508 MONTECITO AVENUE

EUSTIS, FL 32726 EUSTIS, FL 32726

Current Mailing Address: New Mailing Address:

P. O. BOX 838 EUSTIS, FL 32727

FEI Number: 43-2034722 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:

GANTZ, DAVID

2504 MONTECITO AVENUE

EUSTIS, FL 32726 US

MOORE, BRUCE

2508MONTECITO AVENUE

EUSTIS, FL 32726 US

EUSTIS, FL 32726 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: BRUCE MOORE 04/11/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: GANTZ, DAVID Name: MOORE, BRUCE

Address: 2504 MONTECITO AVENUE Address: 2508 MONTECITO AVENUE

City-St-Zip: EUSTIS, FL 32726 City-St-Zip: EUSTIS, FL 32726

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

 Name:
 MOORE, BRUCE
 Name:
 HUGHES, PATRICIA

 Address:
 2508 MONTECITO AVENUE
 Address:
 2507MONTECITO AVENUE

 City-St-Zip:
 EUSTIS, FL 32726
 City-St-Zip:
 EUSTIS, FL 32726

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

Name: HUGHES, PATRICIA Name:
Address: 2507 MONTECITO AVENUE Address:
City-St-Zip: EUSTIS, FL 32726 City-St-Zip:

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

 Name:
 SEABROOK, EVELYN
 Name:

 Address:
 2506 CARMEL LANE
 Address:

 City-St-Zip:
 EUSTIS, FL 32726
 City-St-Zip:

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

 Name:
 LESNICK, MIKE
 Name:

 Address:
 2513 CARMEL LANE
 Address:

 City-St-Zip:
 EUSTIS, FL 32726
 City-St-Zip:

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: PATRICIA HUGHES STD 04/11/2007