2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004081

FILED Feb 15, 2005 Secretary of State

Entity Name: CONSTELLATION ACRES HOMEOWNER'S ASSOCIATION, INC.

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

C/O BLOSSOM HOLDING, LLC 4704 KEENE RD.

1390 LAKE JOSEPHINE DRIVE PLANT CITY, FL 33565 SEBRING, FL 33875

Current Mailing Address: New Mailing Address:

C/O BLOSSOM HOLDING, LLC 4704 KEENE RD.

1390 LAKE JOSEPHINE DRIVE PLANT CITY, FL 33565

SEBRING, FL 33875

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

HIGH, S. PATRICK RICHARDSON, HENRY

1390 LAKE JOSEPHINE DRIVE 4704 KEENE RD.

SEBRING, FL 33875 US PLANT CITY, FL 33565 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: HENRY RICHARDSON 02/15/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: HIGH, S. PATRICK Name: RICHARDSON, HENRY

 Address:
 1390 LAKE JOSEPHINE DRIVE
 Address:
 4704 KEENE RD

 City-St-Zip:
 SEBRING, FL 33875
 City-St-Zip:
 PLANT CITY, FL 33565

 $\mbox{Title:} \qquad \mbox{D} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{D} \qquad \mbox{(X) Change () Addition}$

Name:HIGH, NANCY WName:WHITE, DONAddress:1390 LAKE JOSEPHINE DRIVEAddress:2809 LYRA LN

City-St-Zip: SEBRING, FL 33875 City-St-Zip: PLANT CITY, FL 33565

Title: D () Delete Title: D (X) Change () Addition
Name: BENNETT, RICHARD C Name: MINCEY, DEBORA

 Name:
 BENNETT, RICHARD C
 Name:
 MINCEY, DEBORA

 Address:
 4001 MCLANE DRIVE
 Address:
 4822 GROVE PT. DR.

 City-St-Zip:
 TAMPA, FL 33610
 City-St-Zip:
 TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HENRY RICHARDSON PRES 02/15/2005