2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 17, 2009
Secretary of State

DOCUMENT# N04000007658

Entity Name: HABERSHAM HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4271 CHITTINGHAM DR
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4234
MILTON, FL 32572

New Mailing Address:

FEI Number: 20-1482702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SNYDER, ROBERT J T
4271 CHITTINGHAM DR
PACE, FL 32571 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: P ( ) Delete
Name: JONES, WAYNE
Address: 4266 ESSEX TERRACE CR
City-St-Zip: PACE, FL 32571

Title: VP ( ) Delete
Name: MITCHELL, STEVE
Address: 5960 CROMWELL DR
City-St-Zip: PACE, FL 32571

Title: S ( ) Delete
Name: BILBREY, CHRISTINE
Address: 5887 CROMWELL DR
City-St-Zip: PACE, FL 32571

Title: T ( ) Delete
Name: SNYDER, ROBERT
Address: 4271 CHITTINGHAM DR
City-St-Zip: PACE, FL 32571

Title: D ( ) Delete
Name: WHITE, MICHAEL J
Address: POB 286
City-St-Zip: PENSACOLA, FL 32591

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MAYNE, MIKE
Address: 4266 HAVENCREST DRIVE
City-St-Zip: PACE, FL 32571

Title: VP (X) Change ( ) Addition
Name: BRADSHAW, KATHLEEN
Address: 4414 ESSEX TERRACE CIRCLE
City-St-Zip: PACE, FL 32571

Title: S (X) Change ( ) Addition
Name: MAYNE, SHERYL
Address: 4266 HAVENCREST DRIVE
City-St-Zip: PACE, FL 32571

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ZAJAC, CHRISTOPHER
Address: 4263 CHITTINGHAM DRIVE
City-St-Zip: PACE, FL 325791

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: ROBERT SNYDER T 06/17/2009

Electronic Signature of Signing Officer or Director — Date