

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 10, 2009**  
**Secretary of State**

DOCUMENT# N04000008392

**Entity Name:** AUDUBON RESERVE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**499 N SR 434  
SUITE 2059  
ALTAMON TE SPRINGS, FL 32714**New Principal Place of Business:**931 S. SEMORAN BLVD.  
SUITE 214  
WINTER PARK, FL 32792 US**Current Mailing Address:**499 N SR 434  
SUITE 2059  
ALTAMONTE SPRINGS,, FL 32714**New Mailing Address:**931 S. SEMORAN BLVD.  
SUITE 214  
WINTER PARK, FL 32792 US**FEI Number:** 20-1762410**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**POYSER, PATRICIA  
8001 PLUNKETT AVENUE  
ORLANDO, FL 32810 US**Name and Address of New Registered Agent:**ROBERT, HARA  
C/O HARA MANAGEMENT, INC.  
931 S. SEMORAN BLVD. # 214  
WINTER PARK, FL 32792 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: ROBERT HARA

06/10/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NELSON, SYBONNE  
Address: 3536 WIMBLER WAY  
City-St-Zip: KISSIMMEE, FL 34746

Title: D ( ) Delete  
Name: PEDLAR, SHERESE  
Address: 3390 FOXCROFT ROAD, APT. C211  
City-St-Zip: MIRAMAR, FL 33025

Title: D ( ) Delete  
Name: DOOKHAN, GEORGE  
Address: 3531 LINNET COURT  
City-St-Zip: KISSIMMEE, FL 34746

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

Title: PD (X) Change ( ) Addition  
Name: GURNEY, YVONNE  
Address: 3541 LINNET COURT  
City-St-Zip: KISSIMMEE, FL 34746

Title: VPD (X) Change ( ) Addition  
Name: DOOKHAN, GEORGE  
Address: 3531 LINNET COURT  
City-St-Zip: KISSIMMEE, FL 34746

Title: STD (X) Change ( ) Addition  
Name: ARTUAR, ELLIOT  
Address: 3950 CROSSBILL  
City-St-Zip: KISSIMMEE, FL 34746

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: YVONNE GURNEY

PRES

06/10/2009

Electronic Signature of Signing Officer or Director

Date