2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008716

FILED Feb 21, 2007 Secretary of State

Entity Name: LITTLE ALAFIA CREEK ESTATES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2019 FLAMINGO DR 1309 LITTLE ALAFIA DR. SEBRING, FL 33870 PLANT CITY, FL 33567 **Current Mailing Address: New Mailing Address:** 2019 FLAMINGO DR 1309 LITTLE ALAFIA DR. SEBRING, FL 33870 PLANT CITY, FL 33567 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: HIGH, S. PATRICK BARTHLE, DREW 2019 FLAMINGO DR. 1309 LITTLE ALAFIA DR. SEBRING, FL 33870 US PLANT CITY, FL 33567 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: DREW BARTHLE 02/21/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HIGH, S. PATRICK BARTHLE, DREW Name: Name: 2019 FLAMINGO DR. Address: 1309 LITTLE ALAFIA DR. Address: City-St-Zip: SEBRING, FL 33870 City-St-Zip: PLANT CITY, FL 335667 (X) Change () Addition Title: () Delete Title: HIGH, NANCY W Name: BURTON, DANNA Name: Address: 2019 FLAMINGO DR. Address: 3603 ALAFIA CREEK ST. City-St-Zip: SEBRING, FL 33870 City-St-Zip: PLANT CITY, FL 33567 Title: () Delete Title: (X) Change () Addition BENNETT, RICHARD C CRAWFORD, MALISSA Name: Name: 4001 MCLANE DR. 1310 LITTLE ALAFIA DR. Address: Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: PLANT CITY, FL 33567 Title: () Delete Title: () Change (X) Addition Name: Name: PHILLIPS, DON 3636 ALAFIA CREEK ST Address: Address: City-St-Zip: City-St-Zip: PLANT CITY, FL 33567 Title: () Delete Title: () Change (X) Addition DAME, KRISTEN Name: Name: 3611 ALAFIA CREEK ST. Address: Address: City-St-Zip: City-St-Zip: PLANT CITY, FL 33567

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: DREW BARTHLE D 02/21/2007