## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000008716

FILED Feb 08, 2008 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 1309 LITTLE ALAFIA DR. 3636 ALAFIA CREEK ST PLANT CITY, FL 33567 PLANT CITY, FL 33567 **Current Mailing Address: New Mailing Address:** 1309 LITTLE ALAFIA DR. 3636 ALAFIA CREEK ST PLANT CITY, FL 33567 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: BARTHLE, DREW PHILLIPS, DON E 1309 LITTLE ALAFIA DR. 3636 ALAFIA CREEK ST PLANT CITY, FL 33567 PLANT CITY, FL 33567 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: DON E. PHILLIPS 02/08/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition BARTHLE, DREW PHILLIPS, DON E Name: Name: 1309 LITTLE ALAFIA DR. Address: 3636 ALAFIA CREEK ST Address: City-St-Zip: PLANT CITY, FL 335667 City-St-Zip: PLANT CITY, FL 33567 Title: () Delete Title: () Change () Addition BURTON, DANNA Name: Name: Address: 3603 ALAFIA CREEK ST. Address: City-St-Zip: PLANT CITY, FL 33567 City-St-Zip: Title: () Delete Title: () Change () Addition CRAWFORD, MALISSA Name: Name: 1310 LITTLE ALAFIA DR. Address: Address: City-St-Zip: PLANT CITY, FL 33567 City-St-Zip: Title: VΡ (X) Delete Title: () Change () Addition Name: PHILLIPS, DON Name: 3636 ALAFIA CREEK ST Address: Address: City-St-Zip: PLANT CITY, FL 33567 City-St-Zip: Title: Title: (X) Delete () Change () Addition DAME, KRISTEN Name: Name: 3611 ALAFIA CREEK ST. Address: Address: City-St-Zip: PLANT CITY, FL 33567 City-St-Zip:

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: DON E. PHILLIPS D 02/08/2008