

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008716

FILED
Mar 22, 2009
Secretary of State

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

Current Principal Place of Business:

3636 ALAFIA CREEK ST
PLANT CITY, FL 33567

New Principal Place of Business:

Current Mailing Address:

3636 ALAFIA CREEK ST
PLANT CITY, FL 33567

New Mailing Address:

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

Name and Address of Current Registered Agent:

PHILLIPS, DON E
3636 ALAFIA CREEK ST
PLANT CITY, FL 33567 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: D Delete
Name: PHILLIPS, DON E
Address: 3636 ALAFIA CREEK ST
City-St-Zip: PLANT CITY, FL 33567

Title: D Delete
Name: BURTON, DANNA
Address: 3603 ALAFIA CREEK ST.
City-St-Zip: PLANT CITY, FL 33567

Title: D Delete
Name: CRAWFORD, MALISSA
Address: 1310 LITTLE ALAFIA DR.
City-St-Zip: PLANT CITY, FL 33567

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR Change Addition
Name: PHILLIPS, DON E
Address: 3636 ALAFIA CREEK ST
City-St-Zip: PLANT CITY, FL 33567

Title: MRS Change Addition
Name: HORNER, DIANNE
Address: 3735 ALAFIA CREEK ST
City-St-Zip: PLANT CITY, FL 33567

Title: MRS Change Addition
Name: CRAWFORD, MALISSA
Address: 1310 LITTLE ALAFIA DR.
City-St-Zip: PLANT CITY, FL 33567

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

MR

03/22/2009

Electronic Signature of Signing Officer or Director

Date