## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000009344

FILED Apr 30, 2008 Secretary of State

Entity Name: FISHHAWK TRACT 11 OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1137 MARBELLA PLAZA DR TAMPA, FL 33619

Current Mailing Address: New Mailing Address:

1137 MARBELLA PLAZA DR TAMPA, FL 33619

FEI Number: 20-1723438 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

R&A AGENTS, INC.

850 PARK SHORE DR 3RD FL
NAPLES, FL 34103 US

KREISCHER, ALBERT C JR.
1407 W. BUSCH BLVD
TAMPA, FL 33612 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: ALBERT C. KREISHER, JR. 04/30/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition Name: WHYTE, W. DON Name: PANASENY, THOMAS J

Address: 1137 MARBELLA PLAZA DR Address: 1137 MARBELLA PLAZA DR

City-St-Zip: TAMPA, FL 33619 City-St-Zip: TAMPA, FL 33619

Title: DV ( ) Delete Title: DV (X) Change ( ) Addition Name: MCINTYRE, SHAWN R Name: LOPRESTE, BRYON T

 Address:
 7500 COLLEGE PKWY
 Address:
 1137 MARBELLA PLAZA DR

 City-St-Zip:
 FT MYERS, FL 33907
 City-St-Zip:
 TAMPA, FL 33619

Title: DST ( ) Delete Title: DST (X) Change ( ) Addition

Name: ANDREWS, KARY Name: TANEN, JILL M
Address: 1137 MARBELLA PLAZA DR Address: 1137 MARBELLA PLAZA DR

City-St-Zip: TAMPA, FL 33619 City-St-Zip: TAMPA, FL 33619

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: BRYON T. LOPRESTE DV 04/30/2008