

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010461

FILED
May 01, 2008
Secretary of State

Entity Name: ADDISON PLACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2216 WOLF RIDGE LANE
MT DORA, FL 32757

New Principal Place of Business:

201 W CANTON AVENUE
SUITE 125 A
WINTER PARK, FL 32789

Current Mailing Address:

2216 WOLF RIDGE LANE
MT DORA, FL 32757

New Mailing Address:

201 W CANTON AVENUE
SUITE 125 A
WINTER PARK, FL 32789

FEI Number: 20-1908713 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TAKSEY, KIM
2216 WOLF RIDGE LANE
MT DORA, FL 32757 US

Name and Address of New Registered Agent:

ANGELIA, GORDON
201 W CANTON AVENUE
SUITE 125 A
WINTER PARK, FL 32789 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: ANGELIA L GORDON

05/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TAKSEY, KIM
Address: 2216 WOLF RIDGE LANE
City-St-Zip: MT DORA, FL 32757

Title: DV (X) Delete
Name: CASSIDY, DARLA
Address: 2243 WOLF RIDGE LANE
City-St-Zip: MT DORA, FL 32757

Title: DS (X) Delete
Name: WOODWARD, ROBERT
Address: 2210 WOLF RIDGE LANE
City-St-Zip: MT DORA, FL 32757

Title: DS (X) Delete
Name: ANSELMO, JOHN
Address: 2238 WOLF RIDGE LANE
City-St-Zip: MT DORA, FL 32757

Title: DT (X) Delete
Name: MYERS, BRENT
Address: 2204 WOLF RIDGE LANE
City-St-Zip: MT DORA, FL 32757

Title: DAT (X) Delete
Name: CHAMBERS, MARY
Address: 2318 WOLF RIDGE LANE
City-St-Zip: MT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BOOTH, MARY
Address: 2251 WOLF RIDGE LANE
City-St-Zip: MT DORA, FL 32757

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ANGELIA L GORDON

RA

05/01/2008

Electronic Signature of Signing Officer or Director

Date