2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010461

Apr 16, 2009 Secretary of State

FILED

Entity Name: ADDISON PLACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2251 WOLF RIDGE LANE 2207 WOLF RIDGE LANE MT DORA, FL 32757 MT DORA, FL 32757 **Current Mailing Address: New Mailing Address:** 2251 WOLF RIDGE LANE PO BOX 153 MT DORA, FL 32757 MT DORA, FL 32756 US FEI Number: 20-1908713 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: BOOTH, MARY PRES HARRIS, KENNETH R PRES 2207 WÓLF RIDGE LANE 2251 WOLF RIDGE LANE MT DORA, FL 32757 MT DORA, FL 32757 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: KENNETH RAY HARRIS 04/16/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES (X) Change () Addition () Delete HARRIS, KENNETH R BOOTH, MARY Name: Name: 2251 WOLF RIDGE LANE Address: 2207 WOLF RIDGE LANE Address: City-St-Zip: MT DORA, FL 32757 City-St-Zip: MT DORA, FL 32757 US Title: Title: () Change (X) Addition () Delete Name: HOWELL, BOBBY Name: Address: Address: 2117 WOLF RIDGE LANE City-St-Zip: City-St-Zip: MOUNT DORA, FL 32757 US Title: () Delete Title: SEC () Change (X) Addition CASSIDY, DARLA Name: Name: 2243 WOLF RIDGE LANE Address: Address: City-St-Zip: City-St-Zip: MOUNT DORA, FL 32757 US Title: () Delete Title: TREA () Change (X) Addition Name: Name: BOOTH, MARY 2251 WOLF RIDGE LANE Address: Address: City-St-Zip: City-St-Zip: MOUNT DORA, FL 32757 US Title: () Delete Title: () Change (X) Addition WOODWARD, BOB Name: Name: 2210 WOLF RIDGE LANE Address: Address: City-St-Zip: City-St-Zip: MOUNT DORA, FL 32757 US

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: KENNETH RAY HARRIS PRES 04/16/2009