


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90058 033 ****61.25

DOCUMENT # N04000011035	
1. Entity Name ASBEL ESTATES HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 4904 EISENHOWER BLVD., SUITE 150 TAMPA, FL 33634	Mailing Address 4904 EISENHOWER BLVD., SUITE 150 TAMPA, FL 33634
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2. Principal Place of Business - No P.O. Box # 4343 Anchor Plaza Pkwy	3. Mailing Address 40 Premier Comm.
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. 18215 Branch Rd
City & State Tampa FL	City & State Hudson FL
Zip 33634	Country
Zip 34667	Country



01242007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-1992084	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEZER, STEVEN H 220 SOUTH FRANKLIN STREET TAMPA, FL 33602	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable! (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, THERESA LYNN 4904 EISENHOWER BLVD., SUITE 150 TAMPA, FL 33634 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Thomas B Crawford <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4343 Anchor Plaza Pkwy #200 Tampa FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURBEVILLE, LISA 4904 EISENHOWER BLVD., SUITE 150 TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4343 Anchor Plaza Pkwy #200 Tampa FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, LEE R 4904 EISENHOWER BLVD., SUITE 150 TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4343 Anchor Plaza Pkwy #200 Tampa FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Lee R Thompson** 1/25/07 813 290 7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** Daytime Phone #