# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 28, 2009**
**Secretary of State**

DOCUMENT# N04000011035

**Entity Name:** ASBEL ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4343 ANCHOR PLAZA PKWY
SUITE 200
TAMPA, FL 33634

**New Principal Place of Business:**

18215 BRANCH RD
HUDSON, FL 34667

**Current Mailing Address:**

C/O PREMIER COMM.
18215 BRANCH RD.
HUDSON, FL 34667

**New Mailing Address:**

**FEI Number: 20-1992084** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

PREMIER COMMUNITY CONSULTANTS, INC.
18215 BRANCH RD
HUDSON, FL 34667 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: DVP ( ) Delete
Name: CRAWFORD, THOMAS G
Address: 4343 ANCHOR PLAZA PKWY, 200
City-St-Zip: TAMPA, FL 33634

Title: DST ( ) Delete
Name: TURBEVILLE, LISA
Address: 4343 ANCHOR PLAZA PKWY., 200
City-St-Zip: TAMPA, FL 33634

Title: DP ( ) Delete
Name: THOMPSON, LEE R
Address: 4343 ANCHOR PLAZA PKWY., 200
City-St-Zip: TAMPA, FL 33634

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DVP (X) Change ( ) Addition
Name: CRAWFORD, THOMAS G
Address: 18215 BRANCH RD
City-St-Zip: HUDSON, FL 34667

Title: DST (X) Change ( ) Addition
Name: TURBEVILLE, LISA
Address: 18215 BRANCH RD
City-St-Zip: HUDSON, FL 34667

Title: DP (X) Change ( ) Addition
Name: THOMPSON, LEE R
Address: 18215 BRANCH RD
City-St-Zip: HUDSON, FL 34667

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: PAMELA S WASHBURN AGT 03/28/2009

Electronic Signature of Signing Officer or Director — Date