2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006
Secretary of State

DOCUMENT# N04000011612

Entity Name: ALEXANDER ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

304 E PARK AVE
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

304 E PARK AVE
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 20-2555923 **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:

BENNETT, BARRY W
60 SECOND STREET SE
WINTER HAVEN, FL 338806300 US

Name and Address of New Registered Agent:

BENNETT, BARRY W
106 AVENUE F SW
WINTER HAVEN, FL 338806300 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: _____ 05/10/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FAULKS, DEAN
Address: 7601 W 101 STREET SUITE 218
City-St-Zip: BLOOMINGTON, MN 55438

Title: VD ( ) Delete
Name: MYERS, JACK
Address: 304 E PARK AVE
City-St-Zip: AUBURNDALE, FL 33823

Title: SD ( ) Delete
Name: WILLIAMS, JUDY
Address: 902 FLAG COURT
City-St-Zip: AUBURNDALE, FL 33823

Title: TD ( ) Delete
Name: WILLIAMS, RICHARD
Address: 902 FLAG COURT
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JUDY WILLIAMS SD 05/10/2006
Electronic Signature of Signing Officer or Director — Date