

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90383 005 ****61.25

DOCUMENT # N04000011612					
1. Entity Name ALEXANDER ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 304 E PARK AVE AUBURNDALE, FL 33823			Mailing Address 304 E PARK AVE AUBURNDALE, FL 33823		
2. Principal Place of Business - No P.O. Box # 137 Alexander Est Dr.		3. Mailing Address P.O. Box 844			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04022007 Chg-NP CR2E037 (12/06)	
City & State Auburndale, FL		City & State Auburndale, FL		4. FEI Number 20-2555923	
Zip 33823		Country Polk		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENNETT, BARRY W 106 AVENUE F SW WINTER HAVEN, FL 33880-6300			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 entity 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME FAULKS, DEAN STREET ADDRESS 7601 W 101 STREET SUITE 218 CITY-ST-ZIP BLOOMINGTON, MN 55438	<input checked="" type="checkbox"/> Delete		TITLE President NAME James Haynes STREET ADDRESS 137 Alexander Est. Dr. CITY-ST-ZIP Auburndale FL 33823	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME MYERS, JACK STREET ADDRESS 304 E PARK AVE CITY-ST-ZIP AUBURNDALE, FL 33823	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Dale Willbanks STREET ADDRESS 180 Alexander Establs Dr CITY-ST-ZIP Auburndale FL 33823	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME WILLIAMS, JUDY STREET ADDRESS 902 FLAG COURT CITY-ST-ZIP AUBURNDALE, FL 33823	<input checked="" type="checkbox"/> Delete		TITLE Treasurer NAME Joy George STREET ADDRESS 185 Alexander Establs Dr. CITY-ST-ZIP Auburndale FL 33823	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME WILLIAMS, RICHARD STREET ADDRESS 902 FLAG COURT CITY-ST-ZIP AUBURNDALE, FL 33823	<input checked="" type="checkbox"/> Delete		TITLE Secretary NAME Sherry Kragler STREET ADDRESS 128 Alexander Establs Dr CITY-ST-ZIP Auburndale FL 33823	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE Director NAME Shontell Davis STREET ADDRESS 140 Alexander Establs Dr CITY-ST-ZIP Auburndale FL 33823	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE Director NAME Russ Sheffield STREET ADDRESS 402 Osceola St CITY-ST-ZIP Auburndale FL 33823	<input type="checkbox"/> Change <input checked="" 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: <u>Sherry Kragler</u> <u>Sherry Kragler</u> <u>4/12/07</u> <u>863-551-1584</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40087242



ATTACHMENT
- 40087242
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Director
Bob Pickle
177 Alexander Estates Drive
Auburndale, FL 33823

Director
T. J. Lewis
210 Alexander Estates Drive
Auburndale, FL 33823

Director
Tim Payne
221 Alexander Estates Drive
Auburndale, FL 33823