2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2010
Secretary of State

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Entity Name: ALEXANDER ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

181 ALEXANDER ESTATES DR.
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

PO BOX 884
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 20-2555923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENNETT, BARRY W
106 AVENUE F SW
WINTER HAVEN, FL 338806300 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: P
Name: KRAMER, TIM
Address: 181 ALEXANDER ESTATES DR.
City-St-Zip: AUBURNDALE, FL 33823

Title: VP
Name: PAYNE, TIM
Address: 221 ALEXANDER ESTATES DR.
City-St-Zip: AUBURNDALE, FL 33823

Title: T
Name: GEORGE, JOY
Address: 185 ALEXANDER ESTATES DR.
City-St-Zip: AUBURNDALE, FL 33823

Title: S
Name: CORMIER, SHANNON
Address: 129 ALEXANDER ESTATES DR.
City-St-Zip: AUBURNDALE, FL 33823

Title: D
Name: PICKLE, BOB
Address: 177 ALEXANDER ESTATES DR.
City-St-Zip: AUBURNDALE, FL 33823

Title: D
Name: SHEFFIELD, RUSS
Address: 402 OSCEOLA STREET
City-St-Zip: AUBURNDALE, FL 33823

I hereby 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 all other like empowered.

SIGNATURE: SHANNON CORMIER S 01/12/2010

Electronic Signature of Signing Officer or Director — Date