

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002167

FILED
Jul 08, 2008
Secretary of State

Entity Name: NATURE'S EDGE GOLF ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

230 KENT COURT
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

230 KENT COURT
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

Name and Address of New Registered Agent:

HOPKINS, KEN
150 GOLF AIRE BLVD.
HAINES CITY, FL 33844 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOPKINS, KEN
Address: 150 GOLF AIRE BLVD.
City-St-Zip: HAINES CITY, FL 33844

Title: VD () Delete
Name: KING, HOMER C JR.
Address: 198 GOLF AIRE BLVD.
City-St-Zip: HAINES CITY, FL 33844

Title: ST () Delete
Name: PENNY, ESTELLA
Address: 230 KENT COURT
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: BELLINGER, JOHN
Address: 132 GOLF AIRE BLVD.
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: MCCREADY, DON
Address: 230 KENT COURT
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: HOPKINS, RONALD L
Address: 277 KENT COURT
City-St-Zip: HAINES CITY, FL 33844

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:

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 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: ESTELLA PENNY

S

07/08/2008

Electronic Signature of Signing Officer or Director

Date