## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000002167

FILED May 21, 2009 Secretary of State

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

Current Pri	ncipal Place of Business:	New Prince	New Principal Place of Business:	
230 KENT C HAINES CIT	COURT TY, FL 33844		217 KENT COURT HAINES CITY, FL 33844	
Current Ma	iling Address:	New Maili	ng Address:	
230 KENT C HAINES CIT	COURT TY, FL 33844		217 KENT COURT HAINES CITY, FL 33844	
	with s. 607.193(2)(b), F.S., the corporation did not re	•	e.	
Name and A	Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
HOPKINS, K 150 GOLF A HAINES CIT				
The above n n the State o		pose of changing i	ts registered office or registered agent, or both,	
SIGNATURE				
	Electronic Signature of Registered Agent		Date	
OFFICERS	AND DIRECTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR	
Name: ∖ddress:	PD () Delete HOPKINS, KEN 150 GOLF AIRE BLVD. HAINES CITY, FL 33844	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
√ame: √ddress:	VD () Delete KING, HOMER C JR. 198 GOLF AIRE BLVD. HAINES CITY, FL 33844	Title: Name: Address: City-St-Zip:	VD (X) Change ( ) Addition AKKERMAN, FRANK 2019 PITCHWAY KISSIMMEE, FL 34746	
√ame: √ddress:	ST () Delete PENNY, ESTELLA 230 KENT COURT HAINES CITY, FL 33844	Title: Name: Address: City-St-Zip:	ST (X) Change ( ) Addition KRABBE, RENEE M 217 KENT COURT HAINES CITY, FL 33844	
√ame: √ddress:	D ( ) Delete BELLINGER, JOHN 132 GOLF AIRE BLVD. HAINES CITY, FL 33844	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition LODGE, JOHN 223 GOLF AIRE BLVD. HAINES CITY, FL 33844	
√ame: √ddress:	D () Delete MCCREADY, DON 230 KENT COURT HAINES CITY, FL 33844	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition BUCHANAN, DOYAL 144 GOLF AIRE HAINES CITY, FL 33844	
Name: Nddress:	D () Delete HOPKINS, RONALD L 277 KENT COURT HAINES CITY, FL 33844	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition HOPKINS, RONALD L 237 KENT COURT HAINES CITY, FL 33844	

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: RENEE KRABBE ST 05/21/2009