


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90033 009 \*\*\*\*61.25

<b>DOCUMENT # N05023</b> 1. Entity Name <b>DANBURY MILL HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>4004 EDGEWATER DRIVE ORLANDO, FL 32804-2837</b>			Mailing Address <b>4004 EDGEWATER DRIVE ORLANDO, FL 32804-2837</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2543872</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ASSET REAL ESTATE INC 4004 EDGEWATER DRIVE ORLANDO, FL 32804-2837</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGLAS, ROGER 1782 TORRINGTON CIRCLE LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8 VP Parker, Raymond 1813 Torrington Circle Longwood FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROME, RICHARD 1822 TORRINGTON CIRCLE LONGWOOD, FL 32750	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rome, Richard 1822 Torrington Circle Longwood FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOY, GERI 1722 TORRINGTON CIR LONGWOOD, FL 32750	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FURTON, ROBERT 846 WEATHERLY CT LONGWOOD, FL 32750	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Furton, Robert 846 Weatherly Ct. Longwood FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHMID, MARSHA 815 HILARY CT LONGWOOD, FL 32752	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Schmid, Marsha. 815 Hilary Ct. Longwood FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.					
<b>SIGNATURE:</b> <i>Richard Rome</i> <b>Richard Rome</b>				4/9/2007 407 299-9009 <small>Date Daytime Phone #</small>	