

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05186

FILED
Jan 08, 2008
Secretary of State

Entity Name: ALL SAINTS HOME ASSOCIATION, INC.

Current Principal Place of Business:

16351 SLATER RD
NORTH FT. MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

16351 SLATER RD
NORTH FT. MYERS, FL 33917

New Mailing Address:

FEI Number: 59-2519791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADISON, JOSEPH
3730 GLOXINIA DR
FORT MYERS, FL 339172058 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: D () Delete
Name: MADISON, JOSEPH
Address: 3730 GLOXINIA DR
City-St-Zip: NORTH FORT MYERS, FL 339172058

Title: D () Delete
Name: SCHOMER, ROBERT
Address: 1740 MAGNOLIA DR
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D () Delete
Name: WRIGHT, THOMAS
Address: 5080 FAIRFIELD DR
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: MULAE, WAYNE
Address: 46 CRESCENT LAKE DR
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D () Delete
Name: DEBONA, JOSEPH
Address: 2981 RENEE CT
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ANTHONY, ALFANO
Address: 5991 MILNE CIR
City-St-Zip: CAPE CORAL, FL 33903

Title: D (X) Change () Addition
Name: TREVOR, DESUZE
Address: 205 SOJURN DR.
City-St-Zip: N. FT. MYERS, FL 33903

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: JOSEPH J. MADISON

DIR

01/08/2008

Electronic Signature of Signing Officer or Director

Date