2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000005324

RT FILED
May 07, 2007
Secretary of State

Entity Name: AUBURN PRESERVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

200 S. ORANGE AVENUE 1802 N. ALAFAYA TRAIL SUITE 1900 ORLANDO, FL 32826 ORLANDO, FL 32801

Current Mailing Address: New Mailing Address:

200 S. ORANGE AVENUE P.O. BOX 781291 SUITE 1900 ORLANDO, FL 32878 ORLANDO, FL 32801

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARDNER, ROBERT M
200 S. ORANGE AVENUE
SUITE 1900
ORLANDO, FL 32801 US

COMMUNITY RESOURCE MANAGEMENT, INC
1802 N. ALAFAYA TRAIL
ORLANDO, FL 32826 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: FRANK SURFACE 05/07/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: P (X) Change () Addition

 Name:
 GARDNER, ROBERT
 Name:
 WILLIAMS, TRACY

 Address:
 200 S. ORANGE AVE., STE. 1900
 Address:
 1802 N. ALAFAYA TRAIL

 City-St-Zip:
 ORLANDO, FL 32801
 City-St-Zip:
 ORLANDO, FL 32826

Title: VP () Change (X) Addition

 Name:
 Name:
 STAFFA, DAVE

 Address:
 Address:
 1802 N. ALAFAYA TRAIL

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32826

Title: () Delete Title: TS () Change (X) Addition

Name: Name: LUNKO, DON

 Address:
 Address:
 1802 N. ALAFAYA TRAIL

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32826

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: TRACY WILLIAMS P 05/07/2007