


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90248 030 \*\*\*\*70.00

<b>DOCUMENT # N06000005833</b>	
1. Entity Name HOLDEN HEIGHTS NEIGHBORHOOD ASSOCIATION, INC.	

Principal Place of Business 1416 L.B. MCLEOD RD ORLANDO, FL 32805	Mailing Address 1416 L.B. MCLEOD RD ORLANDO, FL 32805
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

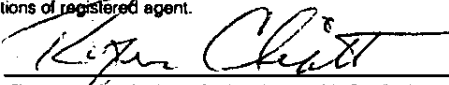


04282008 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CLIATT, RUFUS 613 19TH ST. ORLANDO, FL 32805		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

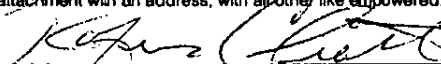
SIGNATURE  DATE 4-28-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLIATT, RUFUS			NAME	Y.P. Gloria McPherson		
STREET ADDRESS	613 19TH ST			STREET ADDRESS	1403 West 19th STREET		
CITY-ST-ZIP	ORLANDO, FL 328054624			CITY-ST-ZIP	ORLANDO, FL 32805		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	JOHN Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CONNELLY, MANDY			NAME	1820 West GRANT STREET		
STREET ADDRESS	1401 25TH ST.			STREET ADDRESS	ORLANDO, FL 32805		
CITY-ST-ZIP	ORLANDO, FL 32805			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	S. WILKEY, SHARON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KOI, KIM			NAME	4882 S. SEMORAN BLVD, Unit 1401		
STREET ADDRESS	1022 SO. LEE ST.			STREET ADDRESS	ORLANDO, FL 32822		
CITY-ST-ZIP	ORLANDO, FL 32805			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, DAVID			NAME			
STREET ADDRESS	1046 22ND ST.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32805			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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.

SIGNATURE:  DATE 4-28-08 321-388-4314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR