

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 30, 2010**  
**Secretary of State**

DOCUMENT# N06000006086

**Entity Name:** MICHIGAN ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5337 MILLENIA LAKES BOULEVARD, STE 160  
ORLANDO, FL 32839**New Principal Place of Business:**901 NORTH LAKE DESTINY DRIVE  
SUITE 110  
MAITLAND, FL 32751**Current Mailing Address:**5337 MILLENIA LAKES BOULEVARD, STE 160  
ORLANDO, FL 32839**New Mailing Address:**901 N. LAKE DESTINY DR.  
SUITE 110  
MAITLAND, FL 32751**FEI Number:** 26-0513594**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WEBB, ROBIN  
901 NORTH LAKE DESTINY DRIVE  
#110  
MAITLAND, FL 32751 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: DP  
Name: TOLBERT, SUZANNE  
Address: 901 N. LAKE DESTINY DR. SUITE 110  
City-St-Zip: MAITLAND, FL 32751

Title: DVP  
Name: LOPRESTI, VIVIANA  
Address: 901 N. LAKE DESTINY DR. SUITE 110  
City-St-Zip: MAITLAND, FL 32751

Title: DST  
Name: ROBERSON, JAMIE  
Address: 901 N. LAKE DESTINY DR. SUITE 110  
City-St-Zip: MAITLAND, FL 32751

I hereby 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 all other like empowered.

SIGNATURE: DEAN DRISCOLL

PM

09/30/2010

Electronic Signature of Signing Officer or Director

Date