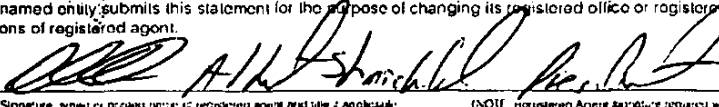
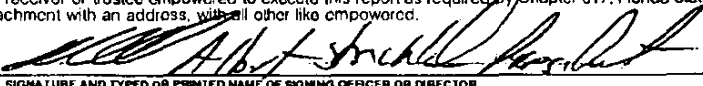


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-02-2007 90008 003 ****61.25

DOCUMENT # N06000008148					
1. Entity Name VAN BUREN ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 20736 CANOE CROSSING COURT CLERMONT FL 34711			Mailing Address 20736 CANOE CROSSING COURT CLERMONT FL 34711		
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	4. FEI Number 16-1774506	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRICKLAND, ALBERT E 20736 CANOE CROSSING COURT CLERMONT FL 34711				7. Name and Address of New Registered Agent	
				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 1-26-07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when terminating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	TITLE	NAME
DP	STRICKLAND, ALBERT E	20736 CANOE CROSSING COURT	CLERMONT FL 34711		
DVP	STRICKLAND, DEBORAH	20736 CANOE CROSSING COURT	CLERMONT FL 34711		
DST	CARDEN, RON	20736 CANOE CROSSING COURT	CLERMONT FL 34711		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 1-26-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					