


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90019 018 \*\*\*\*61.25

<b>DOCUMENT # N07000001886</b> 1. Entity Name <b>ALSACE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>25352 WESLEY CHAPEL BLVD</b> <b>LUTZ, FL 33559 US</b>			Mailing Address <b>25352 WESLEY CHAPEL BLVD</b> <b>LUTZ, FL 33559 US</b>		
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		Country		4. FEI Number	
6. Name and Address of Current Registered Agent  <b>SIEBEL, JERRY D</b> <b>25352 WESLEY CHAPEL BLVD</b> <b>LUTZ, FL 33559</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input checked="" type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
D FALLS, LAWRENCE R 25352 WESLEY CHAPEL BLVD LUTZ, FL 33559		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D SIEBEL, JERRY D 25352 WESLEY CHAPEL BLVD LUTZ, FL 33559		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D SIEBEL, MICHAEL E 25352 WESLEY CHAPEL BLVD LUTZ, FL 33559		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			



01032008 Chg-NP CR2E037 (12/06)

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #