

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07811

FILED
Mar 06, 2006
Secretary of State

Entity Name: ALAFAYA WOODS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. STATE RD. 434, SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W. STATE RD. 434, SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2499737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W., JR.
2180 W. STATE RD. 434, SUITE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: CHILDS, JULIE
Address: 1009 DEES DR
City-St-Zip: OVIEDO, FL 32765

Title: VPD () Delete
Name: MUEKELEY, BRANT
Address: 1016 MCKINNON AVE
City-St-Zip: OVIEDO, FL 32765

Title: SD () Delete
Name: COFFIE, TONY
Address: 1115 BRIELLE CT
City-St-Zip: OVIEDO, FL 72765

Title: TD () Delete
Name: MOODY, STEVE
Address: 1035 GORE DR
City-St-Zip: OVIEDO, FL 32765

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BURNS, RICK
Address: 1079 DEES DR
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the 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: JULIE CHILDS

PD

03/06/2006

Electronic Signature of Signing Officer or Director

Date