

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008601

FILED
Jun 23, 2009
Secretary of State

Entity Name: NEW HORIZONS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

235 E. FIFTH ST
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

235 E. FIFTH ST
APOPKA, FL 32703

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KELLOM, H. LEWIS
235 E. FIFTH ST
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

KELLOM, H. LEWIS
235 E. FIFTH ST
APOPKA, FL 32703 US

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: H, LEWIS KELLOM

06/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KELLOM, H. LEWIS
Address: 235 E. FIFTH ST
City-St-Zip: APOPKA, FL 32703

Title: S () Delete
Name: MCCOY, BONITA S
Address: 235 E. FIFTH ST
City-St-Zip: APOPKA, FL 32703

Title: T () Delete
Name: BEST, TOBY
Address: 235 E. FIFTH ST
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KELLOM, H. LEWIS
Address: 235 E. FIFTH ST
City-St-Zip: APOPKA, FL 32703

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

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

I hereby certify that the information supplied with this filing does not qualify 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: H. LEWIS KELLOM

ED

06/23/2009

Electronic Signature of Signing Officer or Director

Date