
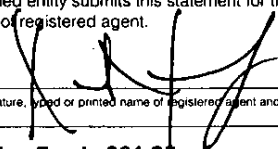
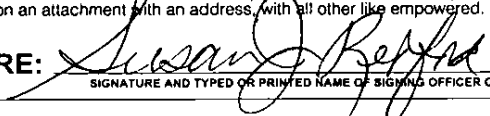


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90047 017 ****61.25

DOCUMENT # N08554			
1. Entity Name HUCKLEBERRY FIELDS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 100 E. SYBELIA AVE STE 130 MAITLAND, FL 32751 US		Mailing Address 100 E. SYBELIA AVE STE 130 MAITLAND, FL 32751 US	
2. Principal Place of Business - No P.O. Box # 1360 N. Goldenrod Rd.		3. Mailing Address 1360 N. Goldenrod Rd.	
Suite, Apt. #, etc. #12		Suite, Apt. #, etc. #12	
City & State Orlando FL		City & State Orlando FL	
Zip 32807	Country US	Zip 32807	Country US
6. Name and Address of Current Registered Agent KIEBZAK, KEITH R. KL MA I 100 E SYBELIA AVE STE 130 MAITLAND, FL 32751		7. Name and Address of New Registered Agent Name: Keith R. Kiebzak Street Address (P.O. Box Number is Not Acceptable): c/o KL Management Group, Inc. 1360 N. Goldenrod Rd #12 City: Orlando FL Zip Code: 32807	
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: 2/28/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VD NAME: REDFORD, SUSAN STREET ADDRESS: 100 E. SYBELIA AVE #130 CITY-ST-ZIP: MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE: PD NAME: Redford, Susan STREET ADDRESS: 1360 N. Goldenrod Rd #12 CITY-ST-ZIP: Orlando FL 32807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: KERSKI, ERICA STREET ADDRESS: 100 E. SYBELIA AVE #130 CITY-ST-ZIP: MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE: VD NAME: Kerski, Erica STREET ADDRESS: 1360 N. Goldenrod Rd. #12 CITY-ST-ZIP: Orlando FL 32807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: KIELBASA, TINA STREET ADDRESS: 100 E SYBELIA AVE #130 CITY-ST-ZIP: MAITLAND, FL 32751	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Meldrum, David STREET ADDRESS: 1360 N. Goldenrod Rd. #12 CITY-ST-ZIP: Orlando FL 32807	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: WOODWARD, VERNON STREET ADDRESS: 100 E. SYBELIA AVENUE - #130 CITY-ST-ZIP: MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE: SD NAME: Woodward, Yernon STREET ADDRESS: 1360 N. Goldenrod Rd. #12 CITY-ST-ZIP: Orlando FL 32807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SLIDER, MONICA STREET ADDRESS: 100 E SYBELIA AVENUE STE 130 CITY-ST-ZIP: MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE: TP NAME: Slider, Monica STREET ADDRESS: 1360 N. Goldenrod Rd #12 CITY-ST-ZIP: Orlando FL 32807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE: 2/28/07 DAYTIME PHONE: 407/482-2622 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			