

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-22-2008 90021 031 ****61.25

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DOCUMENT # N08554					
1. Entity Name HUCKLEBERRY FIELDS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1360 N. GOLDENROD RD. #12 ORLANDO, FL 32807 US		Mailing Address 1360 N. GOLDENROD RD. #12 ORLANDO, FL 32807 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2643070	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KIEBZAK, KEITH R C/O KL MGMT. GROUP, INC. 1360 N. GOLDENROD RD. #12 ORLANDO, FL 32807			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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REDFORD, SUSAN		NAME	Klem, Doni	
STREET ADDRESS	1360 N. GOLDENROD RD. #12		STREET ADDRESS	1360 N. Goldenrod Rd 12	
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP	Orlando FL 32807	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERSKI, ERICA		NAME		
STREET ADDRESS	1360 N. GOLDENROD RD. #12		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELDRUM, DAVID		NAME	Meldrum-Green David	
STREET ADDRESS	1360 N. GOLDENROD RD. #12		STREET ADDRESS	1360 N. Goldenrod Rd 12	
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP	Orlando FL 32807	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODWARD, VERNON		NAME		
STREET ADDRESS	1360 N. GOLDENROD RD. #12		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLIDER, MONICA		NAME	Slider, Monica	
STREET ADDRESS	1360 N. GOLDENROD RD.		STREET ADDRESS	1360 N. Goldenrod Rd 12	
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP	Orlando FL 32807	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:		Keith R. Kiebzak		4/30/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	
				407/482-2622	