

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12575

FILED  
Jul 09, 2008  
Secretary of State

**Entity Name:** MARLBORO FARMS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

110 SW 165TH ST  
NEWBERRY, FL 32669 US

**New Principal Place of Business:**

330 SW 165TH STREET  
NEWBERRY, FL 32669 US

**Current Mailing Address:**

110 SW 165TH ST  
NEWBERRY, FL 32669 US

**New Mailing Address:**

330 SW 165TH STREET  
NEWBERRY, FL 32669 US

**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:**

WILLIAMS, DARRYL  
110SW 165TH ST  
NEWBERRY, FL 32669 US

**Name and Address of New Registered Agent:**

MOO, ANNA  
330 SW 165TH STREET  
NEWBERRY, FL 32669 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: ANNA MOO

07/09/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WILLIAMS, DARRYL  
Address: 110 S.W. 165TH ST.  
City-St-Zip: NEWBERRY, FL 32669

Title: VP ( ) Delete  
Name: NICHOLAS, DIANE  
Address: 126 SW 165TH ST  
City-St-Zip: NEWBERRY, FL 32669

Title: ST ( ) Delete  
Name: OTRADOVEC, CYNTHIA  
Address: 16637 SW 5TH PLACE  
City-St-Zip: NEWBERRY, FL 32669

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MOO, ANNA  
Address: 330 SW 165TH STREET  
City-St-Zip: NEWBERRY, FL 32669

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

Title: ST (X) Change ( ) Addition  
Name: LEWIS, MICHAEL G  
Address: 215 SW 165TH STREET  
City-St-Zip: NEWBERRY, FL 32669

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: MICHAEL G. LEWIS

ST

07/09/2008

Electronic Signature of Signing Officer or Director

Date