2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2007
Secretary of State

DOCUMENT# N20735

Entity Name: FARMINGTON HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

15500 LAKE GRACE DRIVE
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

15500 LAKE GRACE DRIVE
ODESSA, FL 33556

New Mailing Address:

FEI Number: 59-2870242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLATER, SCOTT
15609 INDIAN QUEEN DR.
ODESSA, FL 33556 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: PRES ( ) Delete
Name: SLATER, SCOTT
Address: 15609 INDIAN QUEEN DR.
City-St-Zip: ODESSA, FL 33556

Title: VP ( ) Delete
Name: LEE, MONICA
Address: 15612 INDIAN QUEEN DR.
City-St-Zip: ODESSA, FL 33556

Title: TRES ( ) Delete
Name: DUNN, MELANIE
Address: 15714 INDIAN QUEEN DR.
City-St-Zip: ODESSA, FL 33556

Title: DIR. ( ) Delete
Name: FAGEN, JOSEPH
Address: 15716 INDIAN QUEEN DR.
City-St-Zip: ODESSA, FL 33556

Title: DIR. ( ) Delete
Name: PEIRANO, LISA
Address: 15633 INDIAN QUEEN DR.
City-St-Zip: ODESSA, FL 33556

Title: DIR. ( ) Delete
Name: MORRIS, DAVID
Address: 15608 JERICHO DR.
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: LINKER, JOSH
Address: 15709 JERICHO DRIVE
City-St-Zip: ODESSA, FL 33556

Title: TRES (X) Change ( ) Addition
Name: MILLER, RANDY
Address: 15709 JERICHO DRIVE
City-St-Zip: ODESSA, FL 33556

Title: DIR. (X) Change ( ) Addition
Name: STEINEKER, HANK
Address: 15703 JERICHO DRIVE
City-St-Zip: ODESSA, FL 33556

Title: DIR. (X) Change ( ) Addition
Name: DUNN, MELANIE
Address: 15714 INDIAN QUEEN DRIVE
City-St-Zip: ODESSA, FL 33556

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

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: SCOTT SLATER PRES 03/18/2007

Electronic Signature of Signing Officer or Director — Date