

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90238 010 ****61.25

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03272007 Chg-NP CR2E037 (12/06)

DOCUMENT # N24885					
1. Entity Name ALMOND TREE ESTATES HOMEOWNER'S ASSOCIATION, INC					
Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044			Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044		
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 59-2874139	
Applied For		Not Applicable			
Zip	Country	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	
HART, JAMES W 2180 W SR 434 STE 5000 LONGWOOD, FL 32779				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOCHNIK, KEN		NAME	LOCKARD, KATHLEEN	
STREET ADDRESS	1040 ALMOND TREE CIRCLE		STREET ADDRESS	1119 ALMOND TREE CIR	
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEAVER, ROBERT		NAME	RAYMONDO, RICK	
STREET ADDRESS	1201 ALMOND TREE CT		STREET ADDRESS	943 ALMOND TREE CIR	
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCHTA, DOROTHY		NAME	EVANS, TOM	
STREET ADDRESS	979 ALMOND TREE CIRCLE		STREET ADDRESS	PO BOX 642	
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP	GOTHA FL 34734-0642	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENKOVICH, CARL		NAME	REED, CHARLES	
STREET ADDRESS	1064 ALMOND TREE CIRCLE		STREET ADDRESS	961 ALMOND TREE CIR	
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHALE, MICHAEL		NAME	LOCKARD, MARK	
STREET ADDRESS	1143 ALMOND TREE COURT		STREET ADDRESS	1119 ALMOND TREE CIR	
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, GEORGE		NAME		
STREET ADDRESS	1225 ALMOND TREE CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32835		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: _____ Date _____ Daytime Phone # _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					