2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 29, 2011
Secretary of State

DOCUMENT# N28819

Entity Name: FRANKLIN SQUARE EAST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

CALIBER MGT, INC
701 ENTERPRISE ROAD E. SUITE 401
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

C/O CREATIVE MANAGEMENT
6014 US HWY 19 STE 504
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

CALIBER MGT, INC
701 ENTERPRISE ROAD E. SUITE 401
SAFETY HARBOR, FL 34695 US

New Mailing Address:

C/O CREATIVE MANAGEMENT
6014 US HWY 19 STE 504
NEW PORT RICHEY, FL 34652 US

FEI Number: 59-2997451 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, SHIRLEY H
C/O CALIBER MGMT, INC
701 ENTERPRISE ROAD E. SUITE 401
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

KELLEY, HELEN
C/O CREATIVE MANAGEMENT
6014 US HWY 19 STE 504
NEW PORT RICHEY, FL 34652 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: HELEN KELLEY 09/29/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: OGLE, FREMONT
Address: 6014 US HWY 19 STE 504
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VPD
Name: JEFFS, ANTHONY
Address: 6014 US HWY 19 STE 504
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD
Name: BROWN, TONI
Address: 6014 US HWY 19 STE 504
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD
Name: HOPKINS, EDWARD
Address: 6014 US HWY 19 STE 504
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D
Name: RALSTON, DONALD
Address: 6014 US HWY 19 STE 504
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby 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 all other like empowered.

SIGNATURE: HELEN KELLEY MGR 09/29/2011
Electronic Signature of Signing Officer or Director Date