2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2008 8:00 am Secretary of State

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1. Entity Nan	MENT # N33112 EET ESTATES HOME OWN	IERS ASSOCIATION,				-17-2008 90	-		
115 VAN FL	ce of Business EET COURT .E, FL 33823 US	Mailing Address P.O. BOX 1221 AUBURNDALE, FL 3382	3 US		1 IERIJUTI - 200 JUL		N BION OIGH GIO	r Brun: Bfûtî Bir	::::::::::::::::::::::::::::::::::::::
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03142008 Chg-NP CR2E037 (12/06)				
City & State		City & State			4. FEI Number 59-296718	36		_ 	plied For ot Applicable
Zip	Country	Zip	Country	•	5. Certificate of S	tatus Desired		\$8.75 Add	itional
-	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New F	Registered A	gent	
ROBACH,	DON		Name						
	FLEET COURT DALE, FL 33823		Street Address		P.O. Box Number is	Not Acceptable	e)		
			City					Zip Code	
							FL	'	-
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered office of	r register	ed agent, or both, in	the State of Flo	orida. I am f	amiliar with,	and accept
u o obliga	none of registered agent.								
• :									
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signa	ture required	when reinstating)		DATE		
SIGNATURE		1		ture required		[IN 11] J		novobla te	De Company
SIGNATURE	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	ture required	when reinstating) \$5.00 May Be Added to Fees		DATE lake check ida Depart		
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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 flustee 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 others. Alison Taylor

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treas.

863-965-7707 Daytime Phone #