


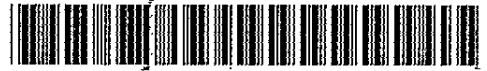
**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N37321</b> 1. Entity Name <b>APPALOOSA ESTATES HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>6519 NAVAJO TRAIL LAKELAND, FL 33813 US</b>	Mailing Address <b>6519 NAVAJO TRAIL LAKELAND, FL 33813 US</b>
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01032006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3110776</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CHRITTON, CHARLES P 5300 S. FLORIDA AVE. LAKELAND, FL 33813</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

11000000553927  
05/15/06-80071-015 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GIGOWSKI, DAVID 6519 NAVAJO TRAIL LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FREEBORN, CHRISTY 6522 NAVAJO TRL LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES HILL, SHELLEY 6535 NAVAJO TR LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FREEBORN, CLAY 6522 NAVAJO TRL LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Shelley Hill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-27-06 640-0686*