## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N38128

FILED Mar 20, 2007 Secretary of State

Entity Name: HOWELL CREEK PARK HOMEOWNERS' ASSOCIATION INC.

| Littly Nai                                    | ine. HOWELL O  | REEK FARK HOWEOWNE             | RS ASSOCIATION, INC.                        |  |  |
|---|--|--------------------------------|---|--|--|
| Current Principal Place of Business:          |  |                                | New Principal Place                         | New Principal Place of Business:             |  |
|   | ERGATE PL<br>ERRY, FL 32707  | US                             |   |  |  |
| Current Mailing Address:                      |  |                                | New Mailing Addres                          | New Mailing Address:                         |  |
|   | ERGATE PL<br>ERRY, FL 32707  | US                             |   |  |  |
| FEI Number                                    | : 59-3009238   | FEI Number Applied For()       | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |                                | Name and Address of                         | Name and Address of New Registered Agent:    |  |
| 3756 ALDI                                     | ER, LORI A<br>ERGATE PL<br>ERRY, FL 32707  | 6300 US                        |   |  |  |
|   | e named entity sub<br>e of Florida.  | omits this statement for the p | ourpose of changing its registere           | d office or registered agent, or both,       |  |
| SIGNATUI                                      | RE:  |                                |   |  |  |
| Electronic Signature of Registered Agent      |  |                                | ent   | Date   |  |
| OFFICERS AND DIRECTORS:                       |  |                                | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PD () Delete<br>STAMER, MATTHEW<br>3749 ALDERGATE PL<br>: CASSELBERRY, FL 32707 US |                                | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | ss: 3756 ALDERGATE PL  |                                | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VD () De<br>STAMER, MELISS.<br>3749 ALDERGATE<br>CASSELBERRY, F                    | A<br>: PL                      | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |

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: LORI A SCHREIBER DST 03/20/2007