


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N40718 1. Entity Name HOME OWNERS ASSOCIATION OF LA FLORESTA, INC.	
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Principal Place of Business 503 SAVONA COURT ALTAMONTE SPRINGS, FL 32701 US	Mailing Address 503 SAVONA COURT ALTAMONTE SPRINGS, FL 32701 US
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DO NOT WRITE IN THIS SPACE



02062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1634571	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FACKELMAN, JOHN
503 SAVONA COURT
ALTAMONTE, FL 32701**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000837215 03/04/08-80045-025 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOBLEY, SKIP 507 BIANCA COURT ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FACKELMAN, JOHN 503 SAVONA CT. ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROCHFORD, JEFF 510 BIANCA COURT ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CALBRESE, GUY 517 TIVOLI COURT ALTAMONTE SPRINGS, FL 32701
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: Charles H Mobley Jr. **CHARLES H. MOBLEY JR.** 2/18/08 (407)834-2280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #