


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90032 007 ****61.25

DOCUMENT # N45735		
1. Entity Name SOUTHFORK HOMEOWNERS' ASSOCIATION, INC.		

Principal Place of Business 3220 LAKE GEORGE COVE DRIVE ORLANDO, FL 32812	Mailing Address 3220 LAKE GEORGE COVE DRIVE ORLANDO, FL 32812
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40031040



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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03212007 Chg-NP CR2E037 (12/06)

City & State	City & State
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4. FEI Number 59-3116602	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HALL, ROBERT A 3220 LAKE GEORGE COVE DRIVE ORLANDO, FL 32812	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 	DATE 3/22/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)	

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	WRAY, MARK
STREET ADDRESS	3210 MCEWAN LANE
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	TD <input type="checkbox"/> Delete
NAME	SPOOR, KEN
STREET ADDRESS	3052 LAKE GEORGE COVE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	SD <input type="checkbox"/> Delete
NAME	KOMINOWSKI, JANET
STREET ADDRESS	3131 MCEWAN LANE
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	HALL, ROBERT
STREET ADDRESS	3220 LAKE GEORGE COVE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hall, Robert A
STREET ADDRESS	3220 Lake George Cove Dr
CITY-ST-ZIP	Orlando, FL 32812
TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Spoor, Ken
STREET ADDRESS	3052 Lake George Cove Dr
CITY-ST-ZIP	Orlando, FL 32812
TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kominowski, Janet
STREET ADDRESS	3131 McEwan Ln
CITY-ST-ZIP	Orlando, FL 32812
TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nelson, Robert
STREET ADDRESS	3233 McEwan Ln
CITY-ST-ZIP	Orlando, FL 32812
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Denise
STREET ADDRESS	3234 McEwan Ln
CITY-ST-ZIP	Orlando, FL 32812
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 	Robert A. Hall - President	Date 3/22/07	Daytime Phone # (407) 356-3136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			