

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N49629

1. Entity Name
APPALOOSA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**2840 VALKYRY WAY
CANTONMENT, FL 32533 US**

Mailing Address
**2840 VALKYRY WAY
CANTONMENT, FL 32533 US**



01252007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3195210

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCLAUGHLIN, ROBERT R.
2811 VALKYRY WAY
CANTONMENT, FL 32533**

**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 \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCLAUGHLIN, ROBERT R
STREET ADDRESS 2811 VALKYRY WAY
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE TSD
NAME BRAY, HERMAN
STREET ADDRESS 2840 VALKYRY WAY
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE D
NAME DREW, JOHN
STREET ADDRESS 2894 VALKYRY WAY
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE VD
NAME INFINGER, LANCE
STREET ADDRESS 2810 VALKYRY WAY
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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02/15/07-80005-026 61.25

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: HERMAN BRAY (Herman Bray)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-07

Date

850-969-1322

Daytime Phone #