


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N92000000453</b> 1. Entity Name <b>NO. 1768 FRATERNAL HOME ASSOCIATION OF SAN ANTONIO, FLORIDA, INC.</b>	
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Principal Place of Business <b>11549 CURLEY RD SAN ANTONIO, FL 33576 US</b>	Mailing Address <b>P.O. BOX 255 SAN ANTONIO, FL 33576 US</b>
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01212008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3178638</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>NEWLON, JOSEPH A 12146 CURLEY ST SAN ANTONIO, FL 33576</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHAMBEAU, JERRY PO BOX 207 (13146 JUBILEE RD) SAN ANTONIO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SESSA, SAM P.O. BOX 407 (12051 CURLEY ST) SAN ANTONIO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARTHLE, RANDY 26345 BAYHEAD ROAD DADE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTHLE, MARK 17899 BELLAMY BROTHERS BLVD DADE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARSENAULT, GENE 5825 WINDTREE DRIVE ZEPHYRHILLS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHAMBEAU, JOSEPH 35324 BLANTON ROAD DADE CITY, FL 33523

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02/21/08-80062-010 61.25

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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.
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<b>SIGNATURE:</b> <u>Joseph B. Schambeau</u> <u>Joseph B. Schambeau</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>2-9-08</u> <small>Date</small>	<u>352-588-2515</u> <small>Daytime Phone #</small>
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