

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003877

FILED
Apr 30, 2007
Secretary of State

Entity Name: ESTATES OF LAKE ALICE HOMEOWNERS ASSOCIATION OF HILLSBOROUGH COUNTY, INC.

Current Principal Place of Business:

17906 SPENCER RD
ODESSA, FL 33556 US

New Principal Place of Business:

17918 SPENCER RD
ODESSA, FL 33556 US

Current Mailing Address:

17906 SPENCER RD
ODESSA, FL 33556 US

New Mailing Address:

17918 SPENCER RD
ODESSA, FL 33556 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESSERMAN, TRISH
17906 SPENCER RD
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

ANAHORY, MICHELLE PRES
17918 SPENCER RD
ODESSA, FL 33556 US

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.

SIGNATURE: MICHELLE ANAHORY

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANCHORY, MICHELLE
Address: 17918 SPENCER RD
City-St-Zip: ODESSA, FL 33556

Title: TVPD () Delete
Name: MESSERMEN, TRISH
Address: 17910 SPENCER RD
City-St-Zip: ODESSA, FL 33556

Title: SD () Delete
Name: BEEBLE, KELLIE
Address: 17919 SPENCER RD
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANAHORY, MICHELLE
Address: 17918 SPENCER RD
City-St-Zip: ODESSA, FL 33556

Title: TRES (X) Change () Addition
Name: FERLITA, ANTHONY V TRES
Address: 17914 SPENCER ROAD
City-St-Zip: ODESSA, FL 33556

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANTHONY V FERLITA

TRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date