2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003877

FILED Sep 03, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

 17918 SPENCER RD
 17914 SPENCER RD

 ODESSA, FL 33556
 US

 ODESSA, FL 33556
 US

Current Mailing Address: New Mailing Address:

17918 SPENCER RD
ODESSA, FL 33556 US
17914 SPENCER RD
ODESSA, FL 33556 US

FEI Number: 59-3321095 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANAHORY, MICHELLE PRES

17918 SPENCER RD

ODESSA, FL 33556 US

FERLITA, PATTI PRES

17914 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: PATTI L FERLITA 09/03/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: ANAHORY, MICHELLE Name: FERLITA, PATTI

 Address:
 17918 SPENCER RD
 Address:
 17914 SPENCER RD

 City-St-Zip:
 ODESSA, FL 33556
 City-St-Zip:
 ODESSA, FL 33556

Title: TRES () Delete Title: () Change () Addition

 Name:
 FERLITA, ANTHONY V TRES
 Name:

 Address:
 17914 SPENCER ROAD
 Address:

 City-St-Zip:
 ODESSA, FL 33556
 City-St-Zip:

 $\label{eq:title:sde} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{(X) Change () Addition}$

 Name:
 BEEBLE, KELLIE
 Name:
 WHITTINGTON, JOHNNA

 Address:
 17919 SPENCER RD
 Address:
 17906 SPENCER RD

 City-St-Zip:
 ODESSA, FL 33556
 City-St-Zip:
 ODESSA, FL 33556

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 09/03/2008