


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90023 025 ****61.25

DOCUMENT # N94000004354
1. Entity Name
NATURA HOMEOWNERS ASSOCIATION, INC.




Principal Place of Business: **9108 US 19, PORT RICHEY FL 34668, US**
Mailing Address: **POB 808, PORT RICHEY FL 34673, US**

2. Principal Place of Business - No P.O. Box #: **9108 US 19, Port Richey**
3. Mailing Address: **9108 US 19, Port Richey**

City & State: **Fl. 34668**
City & State: **Fl. 34668**

Zip: **34668** Country: **Pasco**


1st MOORE CR2E037 (10/06)
4. FEI Number: **59-3274144**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BUERKERT, MARIE C., 9108 US 19, PORT RICHEY FL 34668, 727 843 9362

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.
Marie C. Buerkert Property Mgr.
SIGNATURE: *Marie C. Buerkert* DATE: **5/1/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007
9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: WINCHESTER, CATHY STREET ADDRESS: 7052 CAPTIVA CIRCLE CITY-ST-ZIP: NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: NAVARRO, CARLOS STREET ADDRESS: 7046 CAPTIVA CIR. CITY-ST-ZIP: NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: HARRIS, REGINA STREET ADDRESS: 7309 CAPTIVA CIRCLE CITY-ST-ZIP: NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: NAVARRO, CARLOS STREET ADDRESS: 7046 CAPTIVA CIRCLE CITY-ST-ZIP: NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SCHOMBS, PAUL STREET ADDRESS: 7206 CAPTIVA CIR CITY-ST-ZIP: NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Robert Moffatt STREET ADDRESS: 7151 Captiva Circle CITY-ST-ZIP: New Port Richey Fl. 34655	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Cathy Winchester* DATE: **5/1/07** 727 843 9362