

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003970

FILED
Apr 25, 2007
Secretary of State

Entity Name: FISHHAWK RANCH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3434 COLWELL AVENUE
SUITE 200
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

3434 COLWELL AVENUE
SUITE 200
TAMPA, FL 33614 US

New Mailing Address:

FEI Number: 59-3478166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIZZETTA & COMPANY, INC.
3434 COLWELL AVENUE
SUITE 200
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP-D () Delete
Name: WHYTE, W D
Address: 1137 MARBELLA PLAZA
City-St-Zip: TAMPA, FL 33619

Title: ST-D () Delete
Name: MCDONALD, KARY
Address: 1137 MARBELLA PLAZA DR
City-St-Zip: TAMPA, FL 33619

Title: P-D () Delete
Name: BREWER, RHONDA
Address: 1137 MARBELLA PLAZA DR
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANDREWS, KARY
Address: 1137 MARBELLA PLAZA DRIVE
City-St-Zip: TAMPA, FL 33619

Title: VP (X) Change () Addition
Name: KING, AMANDA
Address: 1137 MARBELLA PLAZA DRIVE
City-St-Zip: TAMPA, FL 33619

Title: ST (X) Change () Addition
Name: WHYTE, W. DON
Address: 1137 MARBELLA PLAZA DRIVE
City-St-Zip: TAMPA, FL 33619

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: KARY ANDREWS

P

04/25/2007

Electronic Signature of Signing Officer or Director

Date