

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90030 050 ****61.25

DOCUMENT # N97000004798 1. Entity Name FIELDSTREAM HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 882 JACKSON AVE. WINTER PARK, FL 32789	Mailing Address 882 JACKSON AVE. WINTER PARK, FL 32789
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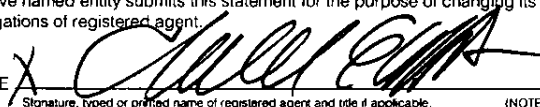
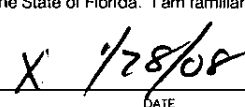
2. Principal Place of Business - No P.O. Box # 5205 S. ORANGE AVE. Suite, Apt. #, etc. SUITE 206 City & State ORLANDO, FL Zip 32809 Country USA	3. Mailing Address 5205 S. ORANGE AVE. Suite, Apt. #, etc. SUITE 206 City & State ORLANDO, FL. Zip 32809 Country USA
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01152008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3470140	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DAVIS, MARC P 882 JACKSON AVE. WINTER PARK, FL 32789	
7. Name and Address of New Registered Agent Name HOUSE OF MGMT ENT. FOR COMMUNITY Street Address (P.O. Box Number is Not Acceptable) 5205 S. ORANGE AVENUE SUITE 206 City ORLANDO, FL Zip Code 32809	

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.

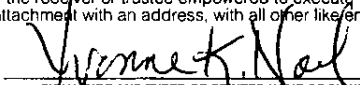
SIGNATURE  DATE 

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FORTNA, DAVID 10526 BRUUN PLACE ORLANDO, FL 32825 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARLENE DEWITZ 325 FIELDSTREAM BLVD. ORLANDO, FL 32825 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGEARY, BRIAN 10570 ANGLER CT ORLANDO, FL 32825 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 624 FIELDSTREAM BLVD. ORLANDO, FL 32825 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAVOIA, ANDREW 10503 ANGLER CT. ORLANDO, FL 32825 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YVONNE K. NOEL 342 FLYROD CIRCLE ORLANDO, FL 32825 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KISSOON, SUSAN 331 FIELDSTREAM BLVD ORLANDO, FL 32825 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JEFF ALLISON 463 FLYROD CIRCLE ORLANDO, FL 32825 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCUE, MARION 10506 BROOK TROUT COURT ORLANDO, FL 32825 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RENEET. MONROE 355 FIELDSTREAM BLVD. ORLANDO, FL 32825 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAPP, GEORGE 10533 ANGLER CT. ORLANDO, FL 32825 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE:  DATE: 03/29/08 DAYTIME PHONE #: 407-852-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR