

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000282

FILED
Apr 23, 2006
Secretary of State

Entity Name: APPALOOSA HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

35125 SIDESADDLE TRAIL
DADE CITY, FL 33523 US

New Principal Place of Business:

Current Mailing Address:

35125 SIDESADDLE TRAIL
DADE CITY, FL 33523 US

New Mailing Address:

FEI Number: 65-0895447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORRIS, MARTHA
35125 SIDESADDLE TRAIL
DADE CITY, FL 33523 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: P () Delete
Name: ARCE, ROBERT
Address: 15124 APPALOOSA HILLS DR
City-St-Zip: DADE CITY, FL 33523

Title: V () Delete
Name: FLOURNORY, GEOFFREY
Address: 4846 PENNECOTT W
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: S () Delete
Name: NORRIS, MARTHA
Address: 35125 SIDESADDLE TRAIL
City-St-Zip: DADE CITY, FL 33523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ARCE, ROBERT
Address: 15124 APPALOOSA HILLS DR
City-St-Zip: DADE CITY, FL 33523

Title: V (X) Change () Addition
Name: FLOURNORY, GEOFFREY
Address: 15123 APPALOOSA HILLS DR
City-St-Zip: DADE CITY, FL 33523

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARTHA BUTTERWORTH NORRIS

S

04/23/2006

Electronic Signature of Signing Officer or Director

Date