


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90006 015 ****61.25

DOCUMENT # N98000000282 1. Entity Name APPALOOSA HILLS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business <i>15050 APPALOOSA HILLS DR.</i> 35125 SIDESADDLE TRAIL DADE CITY, FL 33523 US				Mailing Address <i>15050 APPALOOSA HILLS DR.</i> 35125 SIDESADDLE TRAIL DADE CITY, FL 33523 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0895447	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NORRIS, MARTHA 35125 SIDESADDLE TRAIL DADE CITY, FL 33523				Name <i>MYRT MULLINS</i> Street Address (P.O. Box Number is Not Acceptable) <i>15050 APPALOOSA HILLS DR</i> City <i>DADE CITY</i> FL Zip Code <i>33523</i>	
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 <i>Myrt Mullins</i> MYRT MULLINS 3-28-2007 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCE, ROBERT		NAME	CLIFF MULLINS	
STREET ADDRESS	15124 APPALOOSA HILLS DR		STREET ADDRESS	15050 APPALOOSA HILLS DR.	
CITY-ST-ZIP	DADE CITY, FL 33523		CITY-ST-ZIP	DADE CITY, FL 33523	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLOURNORY, GEOFFREY		NAME		
STREET ADDRESS	15123 APPALOOSA HILLS DR		STREET ADDRESS		
CITY-ST-ZIP	DADE CITY, FL 33523		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SECRETREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, MARTHA		NAME	MYRT MULLINS	
STREET ADDRESS	35125 SIDESADDLE TRAIL		STREET ADDRESS	15050 APPALOOSA HILLS DR	
CITY-ST-ZIP	DADE CITY, FL 33523		CITY-ST-ZIP	DADE CITY, FL 33523	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Myrt Mullins</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/28/2007 352-521-5964 <small>Date Daytime Phone #</small>		

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