


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90019 007 ****61.25

DOCUMENT # N98000000282	
1. Entity Name APPALOOSA HILLS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 35125 SIDESADDLE TRAIL 15050 APPALOOSA HILLS DRIVE DADE CITY, FL 33523 US	Mailing Address 35125 SIDESADDLE TRAIL 15050 APPALOOSA HILLS DRIVE DADE CITY, FL 33523 US
---	---

40076594



04072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0895447	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent MULLINS, MYRT 15050 APPALOOSA HILLS DR DADE CITY, FL 33523

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when restate)</small>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MULLINS, CLIFF 15050 APPALOOSA HILL DR DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLOURNORY, GEOFFREY 15123 APPALOOSA HILLS DR DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MULLINS, MYRT 15050 APPALOOSA HILLS DR DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: <u>Myrt Mullins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/7/2008 <small>Date</small>	352-531-5964 <small>Daytime Phone #</small>
---	---------------------------------	--