

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000282

FILED  
Apr 04, 2009  
Secretary of State

**Entity Name:** APPALOOSA HILLS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

15050 APPALOOSA HILLS DRIVE  
DADE CITY, FL 33523 US

**New Principal Place of Business:**

**Current Mailing Address:**

15050 APPALOOSA HILLS DRIVE  
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:**

MULLINS, MYRT  
15050 APPALOOSA HILLS DR  
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: MULLINS, CLIFF  
Address: 15050 APPALOOSA HILL DR  
City-St-Zip: DADE CITY, FL 33523

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

Title: ST ( ) Delete  
Name: MULLINS, MYRT  
Address: 15050 APPALOOSA HILLS DR  
City-St-Zip: DADE CITY, FL 33523

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: MYRTLE MULLINS

SECY

04/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date