

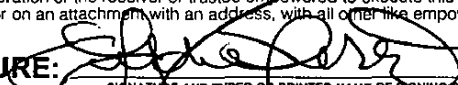


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90147 030 \*\*\*\*61.25

<b>DOCUMENT # N98000002023</b>					
<b>1. Entity Name</b> FIELDSTREAM NORTH HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 52 EAST SOUTH STREET ORLANDO, FL 32801			<b>Mailing Address</b> 52 EAST SOUTH STREET ORLANDO, FL 32801		
<b>50020621</b>					
<b>2. Principal Place of Business</b> 1801 Cook Avenue Suite, Apt. #, etc.			<b>3. Mailing Address</b> 1801 Cook Avenue Suite, Apt. #, etc.		
<b>City &amp; State</b> Orlando Florida			<b>City &amp; State</b> Orlando Florida		
<b>Zip</b> 32806		<b>Country</b> Orange		<b>4. FEI Number</b> 59-3508548	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> DON ASHER & ASSOCIATES, INC. 52 EAST SOUTH STREET ORLANDO, FL 32801			<b>7. Name and Address of New Registered Agent</b> Name: Steven D. Asher Street Address (P.O. Box Number is Not Acceptable): 1801 Cook Avenue City: Orlando FL Zip Code: 32806		
<b>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.</b> SIGNATURE: 					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TD</b> WAJDA, BRIAN <input checked="" type="checkbox"/> Delete 10630 CREEL COURT ORLANDO, FL 32825		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> Lydia Perez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10898 Flycast Circle Orlando, FL 32825	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> ELLIS, JENNIFER <input checked="" type="checkbox"/> Delete 10612 KESGE CT. ORLANDO, FL 32825		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TD</b> Diana Tirado <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14A Fieldstream North Blvd Orlando, FL 32825	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> YOUNG, DAVID <input checked="" type="checkbox"/> Delete 10630 CREEL COURT ORLANDO, FL 32825		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SD</b> Aaron workman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10947 Brown Trout Circle Orlando, FL 32825	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VPD</b> NEWMAN, JOE <input checked="" type="checkbox"/> Delete 232 FIELDSTREAM NORTH BLVD. ORLANDO, FL 32825		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SD</b> Santos Flores <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10601 Kresge Court Orlando, FL 32825	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 				Date: <b>47-230-5735</b> Daytime Phone #	