

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90013 045 ****61.50

DOCUMENT # N98000002023

1. Entity Name
FIELDSTREAM NORTH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1801 COOK AVE
ORLANDO, FL 32806**

Mailing Address
**1801 COOK AVE
ORLANDO, FL 32806**

40016000



2. Principal Place of Business - No P.O. Box #

5205 S. ORANGE AVENUE

Suite, Apt. #, etc.

D

City & State

ORLANDO, FL

Zip

32809

Country

USA

3. Mailing Address

5205 S. ORANGE AVENUE

Suite, Apt. #, etc.

D

City & State

ORLANDO, FL

Zip

32809

Country

USA

01082007

Chg-NP

CR2E037 (12/06)

4. FEI Number

59-3508548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ASHER, STEVEN D
1801 COOK AVE
ORLANDO, FL 32806**

7. Name and Address of New Registered Agent

**HOUSE OF MANAGEMENT ENTERPRISES FOR
COMMUNITY ASSOCIATIONS, INC.**

Street Address (P.O. Box Number is Not Acceptable)

5205 S. ORANGE AVENUE, SUITE D

City
ORLANDO

FL

Zip Code
32809

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PEREZ, LYDIA**
STREET ADDRESS **10898 FLYCAST CIR**
CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE **TD** ☐ Delete
NAME **TIRADO, DIANA**
STREET ADDRESS **142 FIELDSTREAM NORTH BLVD**
CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE **SD** ☐ Delete
NAME **WORKMAN, AARON**
STREET ADDRESS **10947 BROWN TROUT CIR**
CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE **VD** ☐ Delete
NAME **FIORES, SANTOS**
STREET ADDRESS **10601 KRESGE CT**
CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **BRIAN WAJDA**
STREET ADDRESS **10630 CREEL COURT**
CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 and all other like empowered.

SIGNATURE

Signature typed or printed name of signing officer or director

1/10/07

Date

407-243-9808

Daytime Phone #