

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002023

FILED
Jan 22, 2009
Secretary of State

Entity Name: FIELDSTREAM NORTH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5205 S. ORANGE AVE.
SUITE 206
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

5205 S. ORANGE AVE.
SUITE 206
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 59-3508548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUSE OF MGMT. ENTERPRISES FOR COMMUNITY
5205 S. ORANGE AVE. STE D
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

HOUSE OF MGMT. ENTERPRISES FOR COMMUNITY
5205 S. ORANGE AVE. STE 206
ORLANDO, FL 32809 US

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:

01/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BISZICK, MERYL
Address: 327 FRESHWATER COURT
City-St-Zip: ORLANDO, FL 32825

Title: TD () Delete
Name: MIRABIL, ELSIE
Address: 10711 WILDFIRE PLACE
City-St-Zip: ORLANDO, FL 32825

Title: SD () Delete
Name: NIEVES, ROSA
Address: 10875 FLYCAST CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: VD () Delete
Name: NIEVES, HERMAN
Address: 10875 FLYCAST CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: MIRABIL, CHARLES
Address: 10711 WILDLIFE PLACE
City-St-Zip: ORLANDO, FL 32825

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:

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: MERYL BISZICK

PRES

01/22/2009

Electronic Signature of Signing Officer or Director

Date