

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90021 021 ****61.25

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01212007 Chg-NP CR2E037 (12/06)

DOCUMENT # N98000005624 1. Entity Name FOSTERS MILL HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business C/O FLORIDA COMMUNITY MANAGEMENT SERVICES PO BOX 9139 CORAL SPRINGS, FL 33075		Mailing Address C/O FLORIDA COMMUNITY MANAGEMENT SERVICES PO BOX 9139 CORAL SPRINGS, FL 33075	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <i>C/O Victoria Acctg Svc</i> Suite, Apt. #, etc. <i>PO Box 243399</i>	
City & State Zip		City & State <i>Boynton Beach, FL</i> Zip <i>33464-3399</i>	
Country		Country	
4. FEI Number 65-0892507		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RANDALL K. ROGER & ASSOCIATES, P.A. 621 NW 53 STREET, SUITE 300 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCCOY, DAPHNE 1202 FOSTERS MILL LANE BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. DOWNARD VENNER, BETSY 1207 FOSTERS MILL LANE BOYNTON Bch, FL 33436 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOWNARD-VENNER, BETSY 1207 FOSTERS MILL LN BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRUSE, Robynne 1075 FOSTERS MILL ROAD BOYNTON Bch, FL 33436 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELAROSA, GEORGE FOSTERS MILL RD BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T maletestra, Heidi 1102 FOSTERS MILL DRIVE BOYNTON Bch, FL 33436 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WAN DELT, ROBERT 1021 FOSTERS MILL RD BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PINTO, Tony 1016 FOSTERS MILL ROAD BOYNTON Bch, FL 33436 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, MACK 1037 FOSTERS MILL ROAD BOYNTON Bch, FL 33436 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Randy Downard</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>3/12/07</i> Daytime Phone #: <i>561-733-5550</i>	