

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731013

FILED
Jan 05, 2009
Secretary of State

Entity Name: THE ORMOND TERRACE ANNEX HOMEOWNERS ASSOCIATION , INC.

Current Principal Place of Business:

263 GREENWOOD AVE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

263 GREENWOOD AVE
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-1826355 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANSSEN, MARLENE R.
263 GREENWOOD AVENUE
ORMOND BEACH, FL 32174 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: STD () Delete
Name: JANSSEN, MARLENE R.,
Address: 263 GREENWOOD AVENUE
City-St-Zip: ORMOND BCH, FL

Title: PD () Delete
Name: SMITH, WAYNE
Address: 460 N YOUNG ST
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD () Delete
Name: CHAPPELL, LEE A
Address: 270 WARWICK AVE.
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: JANSSEN, MARLENE R.,
Address: 263 GREENWOOD AVENUE
City-St-Zip: ORMOND BCH, FL 32174

Title: VPD (X) Change () Addition
Name: TAYLOR,DIANE,
Address: 461 ANDREWS STREET
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD (X) Change () Addition
Name: CHAPPELL, LEE A
Address: 270 WARWICK AVE.
City-St-Zip: ORMOND BEACH, FL 32174

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: MARLENE R.JANSSEN

ST

01/05/2009

Electronic Signature of Signing Officer or Director

_____ Date