

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743229

FILED
May 01, 2009
Secretary of State

Entity Name: DRIFTWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8048 MOON LIGHT LANE
NEW PORT RICHEY, FL 34654 US

New Principal Place of Business:

Current Mailing Address:

8048 MOON LIGHT LANE
NEW PORT RICHEY, FL 34654 US

New Mailing Address:

FEI Number: 59-1855919 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LICHTER, ROBERT
8048 MOON LIGHT LANE
NEW PORT RICHEY, FL 34654 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: TD () Delete
Name: LICHTER, ROBERT
Address: 8048 MOON LIGHT LANE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: PD (X) Delete
Name: GOMES, EVELYN
Address: 11109 SALT TREE LANE
City-St-Zip: PORT RICHEY, FL 34668

Title: VP () Delete
Name: CAMPBELL, GERTRUDE E
Address: 11115 ISLAND PINE DR.
City-St-Zip: PORT RICHEY, FL 34668

Title: S () Delete
Name: ZOLOBKOWSKI, DEBORAH
Address: 11041 ISLAND PINE DR.
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: CUSUMANO, PATRICIWA
Address: 11022 ISLAND PINE DR.
City-St-Zip: PORT RICHEY, FL 34668

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: D (X) Change () Addition
Name: CUSUMANO, PATRICIA
Address: 11022 ISLAND PINE DR.
City-St-Zip: PORT RICHEY, FL 34668

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: ROBERT LICHTER

TD

05/01/2009

Electronic Signature of Signing Officer or Director

Date