

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010088

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** CEARRA DEL RAY OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

4916 KENSINGTON PK BLVD  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PAUL D HARRIS, CPA  
PO BOX 960  
JONESVILLE, VA 24263

**New Mailing Address:**

**FEI Number:** 35-2220032

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OSWALD, KENNETH F ESQ.  
600 COURTLAND AVENUE #110  
ORLANDO, FL 32804 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:** VD  
**Name:** BUROS, RONNIE E  
**Address:** 2648 WEST STATE ROAD 434, SUITE B  
**City-St-Zip:** LONGWOOD, FL 32779

**Title:** PD  
**Name:** INGRASSIA, RAY  
**Address:** 4916 KENSINGTON PK BLVD  
**City-St-Zip:** ORLANDO, FL 32819

**Title:** STD  
**Name:** HARRIS, PAUL D  
**Address:** P O BOX 404  
**City-St-Zip:** JONESVILLE, VA 24263

I hereby 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 all other like empowered.

**SIGNATURE:** PAUL D HARRIS

STD

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date