2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N04000011913

Entity Name: SEDONA PALMS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

807 GREENLEAF CIRCLE
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

807 GREENLEAF CIRCLE
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 20-2659831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASALINO, GREGG M
O'HAIRE QUINN CANDLER & CASALINO, CHTD
3111 CARDINAL DRIVE
VERO BEACH, FL 32963 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 ( ) Delete
Name: DI DOMIZIO, ALBERT
Address: 882 GREENLEAF CIRCLE
City-St-Zip: VERO BEACH, FL 32960

Title: TD ( ) Delete
Name: PETERS, MARK
Address: 827 GREENLEAF CIRCLE
City-St-Zip: VERO BEACH, FL 32960

Title: PD ( ) Delete
Name: TRUMBLE, JASON
Address: 893 GREENLEAF CIRCLE
City-St-Zip: VERO BEACH, FL 32960

Title: SD (X) Delete
Name: FARRAGHER, LIAM
Address: 820 GREENLEAF CIRCLE
City-St-Zip: VERO BEACH, FL 32960

Title: D (X) Delete
Name: SCHRECONGOST, BRENT
Address: 841 GREENLEAF CIRCLE
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: BOWEN, SHERRY
Address: 832 GREENLEAF CIRCLE
City-St-Zip: VERO BEACH, FL 32960

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: SHERRY BOWEN TD 01/06/2009

Electronic Signature of Signing Officer or Director — Date