

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012137

FILED
Jan 22, 2009
Secretary of State

Entity Name: ARMONIA U.S., INC.

Current Principal Place of Business:

200 S ORANGE AVE
2600
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

200 S ORANGE AVE
2600
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 20-2302015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEAY, JAMES E
200 S ORANGE AVE
SUITE 2600
ORLANDO, FL 32801 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: DR. () Delete
Name: HAWKINS, LEE W PRES
Address: 5576 MILLBROOK DRIVE
City-St-Zip: WILLIAMSBURG, MI 49690 US

Title: DR. () Delete
Name: ZIEGLER, KAREN B TREAS
Address: 114 SATSUMA DRIVE
City-St-Zip: ALTAMONTE, FL 32714 US

Title: MR. () Delete
Name: MATTHEWS, OWEN VP
Address: 2034 COVE TRAIL
City-St-Zip: WINTER PARK, FL 32789 US

Title: MS. () Delete
Name: HAWKINS, JANE A SECR.
Address: 5576 MILLBROOK DRIVE
City-St-Zip: WILLIAMSBURG, MI 49690 US

Title: MR. () Delete
Name: JACKSON, DAVE
Address: 3186 DANMARK DRIVE
City-St-Zip: WEST FRIENDSHIP, MD 21794

Title: MS () Delete
Name: CLARK, MARY
Address: 1901 TOURNAMENT DR
City-St-Zip: APOPKA, FL 32712

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:

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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: LEE HAWKINS

DR

01/22/2009

Electronic Signature of Signing Officer or Director

Date