2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005833

FILED Apr 27, 2009 Secretary of State

Entity Name: HOLDEN HEIGHTS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1416 L.B. MCLEOD RD ORLANDO, FL 32805 **Current Mailing Address: New Mailing Address:** 1416 L.B. MCLEOD RD ORLANDO, FL 32805 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLIATT, RUFUS 613 19TH ST. ORLANDO, FL 32805 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CLIATT, RUFUS CLIATT, RUFUS Name: Name: 613 19TH ST Address: 613 19TH ST Address: City-St-Zip: ORLANDO, FL 328054624 City-St-Zip: ORLANDO, FL 328054624 Title: Title: (X) Change () Addition () Delete Name: MCPHERSON, GLORICE Name: MOORE, DAVID Address: 1403 W 19 ST Address: 1046 22ND STREET City-St-Zip: ORLANDO, FL 32805 City-St-Zip: ORLANDO, FL 32805 Title: Title: () Change () Addition () Delete SMITH, JOHN Name: Name: Address: 1820 W GRANT ST Address: City-St-Zip: ORLANDO, FL 32805 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: WILEY, SHARON L 4882 SOUTH SEMORAN BLVD. Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32822 Title: () Delete Title: () Change (X) Addition REED, DAVE Name: Name: 1516 NIEUPORT LANE Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32805

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: RUFUS CLIATT VP 04/27/2009