

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 17, 2009
Secretary of State**

DOCUMENT# N20819

Entity Name: LA VIDA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1750 UNIVERSITY DR #205
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

Current Mailing Address:

1750 UNIVERSITY DR #205
CORAL SPRINGS, FL 33071 US

New Mailing Address:

FEI Number: 65-0018744 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWIFT MANAGEMENT SOLUTIONS INC
1750 UNIVERSITY DR #205
CORAL SPRINGS, FL 33071 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: VP () Delete
Name: MENASHE, JOSEPH
Address: 6191 LAVIDA TERR
City-St-Zip: BOCA RATON, FL 33433

Title: DST () Delete
Name: HYMANS, JOHN
Address: 23363 LA VIDA WAY
City-St-Zip: BOCA RATON, FL 33432

Title: D (X) Delete
Name: SIGEL, MARC
Address: 6231 LA YIDA TERRACE
City-St-Zip: BOCA RATON, FL 33432

Title: P () Delete
Name: TEIXEIRA, CAROL
Address: 23283 LA VIDA WAY
City-St-Zip: BOCA RATON, FL 33432

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:

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: CAROLE TEIXEIRA

P

01/17/2009

Electronic Signature of Signing Officer or Director

Date