## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N44379

FILED Jan 09, 2009 Secretary of State

Entity Name: VARTY ROAD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5000 VARTY RD 5066 VARTY RD

WINTER HAVEN, FL 33884 WINTER HAVEN, FL 33884

Current Mailing Address: New Mailing Address:

5000 VARTY RD 5066 VARTY RD

WINTER HAVEN, FL 33884 WINTER HAVEN, FL 33884

FEI Number: 59-3093549 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BUTZ, HELEN JEAN BYBEE, CAROLYN R 5000 VARTY RD 5066 VARTY RD

WINTER HAVEN, FL 33884 US WINTER HAVEN, FL 33884 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: CAROLYN R. BYBEE 01/09/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ()Delete Title: ()Change()Addition

 Name:
 BYBEE, CAROL
 Name:

 Address:
 5066 VARTY RD.
 Address:

 City-St-Zip:
 WINTER HAVEN, FL 33884
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 BUTZ, HELEN
 Name:

 Address:
 5000 VARTY ROAD
 Address:

 City-St-Zip:
 WINTER HAVEN, FL
 City-St-Zip:

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition

 Name:
 BURNETT, WENDY
 Name:
 CONROY, JACK

 Address:
 5065 VARTY RD.
 Address:
 5051 VARTY RD.

City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: WINTER HAVEN, FL 33884

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition

 Name:
 BURNETT, JÂY
 Name:
 GREEN, MARK

 Address:
 5065 VARTY ROAD
 Address:
 5080 VARTY ROAD

 City-St-Zip:
 WINTER HAVEN, FL 33884
 City-St-Zip:
 WINTER HAVEN, FL 33884

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: CAROLYN R. BYBEE PD 01/09/2009