2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N02000004211

Entity Name: NONACREST AT LA VINA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

215 N. WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

610 SYCAMORE STREET
SUITE 140
CELEBRATION, FL 34747

Current Mailing Address:

610 SYCAMORE STREET
SUITE 140
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 52-2384561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMALL, PETER N
215 N. WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

LOVERA, ARIEL
610 SYCAMORE STREET
SUITE 140
CELEBRATION, FL 34747 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: ARIEL LOVERA 04/29/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: SMALL, PETER N
Address: 215 N. WESTMONTE DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VD ( ) Delete
Name: WATTERS, MARCUS
Address: 215 N. WESTMONTE DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD ( ) Delete
Name: GARGASZ, NICK
Address: 215 N. WESTMONTE DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: SILVESTRI, JOE
Address: 10053 BRODBECK BLVD
City-St-Zip: ORLANDO, FL 32832

Title: VD (X) Change ( ) Addition
Name: DOWNS, CHARLOTTE
Address: 9786 NONACREST DR
City-St-Zip: ORLANDO, FL 32832

Title: SD (X) Change ( ) Addition
Name: ALLEN, ALLEN
Address: 9999 BRODBECK BLVD
City-St-Zip: ORLANDO, FL 32832

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOE SILVESTRI PTD 04/29/2005
Electronic Signature of Signing Officer or Director Date