2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21631

FILED May 01, 2009 Secretary of State

Entity Name: SEVER'S LANDING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:
2093 SWAN PALM HAR	N LANE BOR, FL 34682 US	2093 SWAN LANE PALM HARBOR, FL 34683 US
Current Mailing Address:		New Mailing Address:
P O BOX 5 ⁻ PALM HAR	71 BOR, FL 34682 US	
FEI Number: 59-2836105 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () n accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
MAGUIRE, 2027 SWAI PALM HAR		BAYON, WINIFRED 2093 SWAN LANE PALM HARBOR, FL 34683 US
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, n the State of Florida.		
SIGNATUR	RE: WINIFRED BAYON	05/01/2009
	Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Fitle: Name: Address: City-St-Zip: Fitle:	P () Delete KIRCHER, SHARON 602 SEVERS LANDING PALM HARBOR, FL 34683 V () Delete	Title: () Change () Addition Name: Address: City-St-Zip: Title: D (X) Change () Addition
Name: Nddress: City-St-Zip:	KLINGBERGS, HAL 601 SEVERS LANDING PALM HARBOR, FL 34683	Name: VALSAMIS, ANGELO Address: 711 SAMANTHA DRIVE City-St-Zip: PALM HARBOR, FL 34683
Fitle: Name: Address: City-St-Zip:	S () Delete BAYON, WINNIE 2093 SWAN LANE PALM HARBOR, FL 34683	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	T () Delete WILDERMUTH, SHAWN 724 SAMANTHA DRIVE PALM HARBOR, FL 34683	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	D () Delete MERGER, RITA 2095 SWAN LANE PALM HARBOR, FL 34683	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: SHAWN WILDERMUTH T 05/01/2009