2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24885

Entity Name: ALMOND TREE ESTATES HOMEOWNER'S ASSOCIATION, INC

FILED
Apr 01, 2015
Secretary of State
CC6670241152

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

Current Mailing Address:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US

FEI Number: 59-2874139 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HART, JAMES W JR. SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 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: JAMES W HART JR 04/01/2015

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title VP, TREASURER, DIRECTOR

Name BARNGROVER, MARLA Name RAYMONDO, RICH

 Address
 2180 WEST SR 434 STE 5000
 Address
 2180 WEST SR 434 STE 5000

 City-State-Zip:
 LONGWOOD FL 32779
 City-State-Zip:
 LONGWOOD FL 32779

Title SECRETARY, DIRECTOR Title DIRECTOR

Name LOCKARD, KATHLEEN Name LOCKARD, MARK

 Address
 2180 WEST SR 434 STE 5000
 Address
 2180 WEST SR 434 STE 5000

 City-State-Zip:
 LONGWOOD FL 32779
 City-State-Zip:
 LONGWOOD FL 32779

Title DIRECTOR Title DIRECTOR

Name WEAVER, BOB Name RODIER, BART

Address 2180 WEST SR 434 STE 5000 Address 2180 WEST SR 434 STE 5000

City-State-Zip: LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779

TitleDIRECTORTitleDIRECTORNamePARMENTER, JOHNNameKRAMER, ERIC

 Address
 2180 WEST SR 434 STE 5000
 Address
 2180 WEST SR 434 STE 5000

 City-State-Zip:
 LONGWOOD FL 32779
 City-State-Zip:
 LONGWOOD FL 32779

SIGNATURE: MARLA BARNGROVER

PRESIDENT

04/01/2015

I hereby 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 all other like empowered.