2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24885

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

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

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 surpase of changing its registered effice or registered agent, or both, in the State of Florida

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			03/09/2014	
	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		
Title	DIRECTOR	Title	DIRECTOR		
Name	PARMENTER, JOHN	Name	HOWARD, TODD		
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		

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PRESIDENT

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.

SIGNATURE: MARLA BARNGROVER

Electronic Signature of Signing Officer/Director Detail

FILED Mar 09, 2014 Secretary of State CC5090933564

Certificate of Status Desired: No

03/09/2014 Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	KRAMER, ERIC
Address	2180 WEST SR 434 STE 5000
City-State-Zip:	LONGWOOD FL 32779