## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 708391** 

FILED Feb 05, 2007 Secretary of State

Entity Name: ALAMANDA APARTMENTS, INC.

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

1964 ALAMANDA DR. NAPLES, FL 34102

Current Mailing Address: New Mailing Address:

1040 6TH AVE. N 1964 ALAMANDA DRIVE NAPLES, FL 34102 12 NAPLES, FL 34102

FEI Number: 59-1974063 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:

 VALENTINI, VINCENT P
 MAYBURY, SUSAN E

 1040 6TH AVE. N.
 1964 ALAMANDA DRIVE

 NAPLES, FL 34102 US
 12

 NAPLES, FL 34102 US
 NAPLES, FL 34102 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: SUSAN MAYBURY 02/05/2007

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD () Delete Title: () Change () Addition Name: TEIXEIRA, ALICE Name:

 Name:
 I EIXEIRA, ALICE
 Name:

 Address:
 135 SLADE RD
 Address:

 City-St-Zip:
 ASHFORD, CT 06278
 City-St-Zip:

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: PREWITT, MARY M Name: CUCCIA, LARRY

 Name:
 PREWITT, MARY M
 Name:
 CUCCIA, LARRY

 Address:
 1964 ALAMANDA DR. #4
 Address:
 295 W. NAOMI DRIVE #2

 City-St-Zip:
 NAPLES, FL 34102
 City-St-Zip:
 NAPLES, FL 34104

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

 Name:
 MARBURY, SUSAN
 Name:

 Address:
 1964 ALAMANDA DR, # 12
 Address:

 City-St-Zip:
 NAPLES, FL 34102
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN MAYBURY PD 02/05/2007