

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708391

FILED
Jan 15, 2008
Secretary of State

Entity Name: ALAMANDA APARTMENTS, INC.

Current Principal Place of Business:

1964 ALAMANDA DR.
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

C/O PELICAN BAY PROPERTY MANAGEMENT INC.
10823 TAMIAMI TR. N., SUITE H
NAPLES, FL 34108

New Mailing Address:

FEI Number: 59-1974063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOUCHER, ROGER
C/O PELICAN BAY PROPERTY MANAGEMENT, INC.
10823 TAMIAMI TRAIL NORTH, SUITE H
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

BOUCHER, ROGER P
C/O PELICAN BAY PROPERTY MANAGEMENT, INC.
10823 TAMIAMI TRAIL N, SUITE H
NAPLES, FL 34108 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: ROGER P BOUCHER

01/15/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CUCCIA, LARRY
Address: 295 WEST NAOMI DRIVE #2
City-St-Zip: NAPLES, FL 34104

Title: VPD () Delete
Name: TEIXEIRA, ALICE
Address: 28 MAIN STREET
City-St-Zip: ELLINGTON, CT 06029

Title: STD () Delete
Name: KELLY, JANET
Address: 530 SPRING LINE DRIVE
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: BUTLER, SANDRA
Address: 7109 DELBOURNE DR.
City-St-Zip: KNOXVILLE, TN 37919

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: LARRY CUCCIA

PD

01/15/2008

Electronic Signature of Signing Officer or Director

Date