

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745620

FILED
Apr 30, 2009
Secretary of State

Entity Name: VILLAGES OF HOMESTEAD AUDUBON VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1851 S CANAL DRIVE
HOMESTEAD, FL 33035

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 901773
HOMESTEAD, FL 33090

New Mailing Address:

381 N KROME AVENUE
SUITE 205
HOMESTEAD, FL 33030

FEI Number: 59-1989975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMECHTANBERG, LEE C
1533 SUNSET DRIVE
STE 201
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SUTTON, JAMES
Address: 1302 N FIEDLARK LANE
City-St-Zip: HOMESTEAD, FL 33035

Title: ST () Delete
Name: STINGONE, CINDY
Address: 1301 EGRET RD
City-St-Zip: HOMESTEAD, FL 33035

Title: D () Delete
Name: CLAPPERTON, WAYNE
Address: 1020 N AUDUBON DR
City-St-Zip: HOMESTEAD, FL 33035

Title: VD () Delete
Name: WALDMAN, JUDY
Address: 1283 EGRET ROAD
City-St-Zip: HOMESTEAD, FL 33035

Title: DP () Delete
Name: DIEHL, LARRY
Address: 1670 EGRET ROAD
City-St-Zip: HOMESTEAD, FL 33035

Title: D () Delete
Name: PETERSON, ROBERT
Address: 1429 KITTIWAKE COURT
City-St-Zip: HOMESTEAD, FL 33035

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: STINGONE, CINDY
Address: 1301 EGRET RD
City-St-Zip: HOMESTEAD, FL 33035

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

Title: VPD (X) Change () Addition
Name: WALDMAN, JUDY
Address: 1283 EGRET ROAD
City-St-Zip: HOMESTEAD, FL 33035

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

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: LARRY DIEHL

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date