

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752229

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: V.F.W. POST NO. 3227, HOME ASSOCIATION

**Current Principal Place of Business:**

915 NEW YORK AVE  
ST CLOUD, FL 347693361

**New Principal Place of Business:**

**Current Mailing Address:**

915 NEW YORK AVE  
ST CLOUD, FL 347693361

**New Mailing Address:**

FEI Number: 59-1861954      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ADAMS, HOWE  
5280 ALLIGATOR LK RD  
ST. CLOUD, FL 34774      US

**Name and Address of New Registered Agent:**

HAYES, JOHNNIE  
301 TENNESSEE AVE.  
ST. CLOUD, FL 34769      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: JOHNNIE HAYES

04/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CMD ( ) Delete  
Name: ADAMS, HOWE  
Address: 5280 ALLIGATOR RD  
City-St-Zip: ST. CLOUD, FL 34774

Title: SRV ( ) Delete  
Name: CONBOY, DAVID  
Address: 4949 SPIRAL WAY  
City-St-Zip: SAINT CLOUD, FL 34771

Title: QM ( ) Delete  
Name: ZARAJCZYK, RONALD  
Address: 802 WYOMING AVE  
City-St-Zip: SAINT CLOUD, FL 34769

Title: JV ( ) Delete  
Name: HAYES, JOHNNIE  
Address: 301 TENN. AVE  
City-St-Zip: SAINT CLOUD, FL 34769

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CMD (X) Change ( ) Addition  
Name: HAYES, JOHNNIE  
Address: 301 TENNESSEE AVE  
City-St-Zip: ST. CLOUD, FL 34769

Title: CHAP (X) Change ( ) Addition  
Name: CONBOY, DAVID  
Address: 4949 SPIRAL WAY  
City-St-Zip: SAINT CLOUD, FL 34771

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

Title: SV (X) Change ( ) Addition  
Name: BARKLEY, STANLEY  
Address: 3650 KAIFER AVE  
City-St-Zip: SAINT CLOUD, FL 34772

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: RONALD ZARAJCZYK

QM

04/30/2009

Electronic Signature of Signing Officer or Director

Date