

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005081

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: THE GREENS AT LACUNA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O DAVENPORT PROF. PROP. MGMT. INC.  
6620 LAKE WORTH ROAD STE F  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DAVENPORT PROF. PROP. MGMT. INC.  
6620 LAKE WORTH ROAD STE F  
LAKE WORTH, FL 33467

**New Mailing Address:**

FEI Number: 65-1084486      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BAKALAR & EICHNER PA  
150 S PINE ISLAND RD  
STE 540  
PLANATATION, FL 33324 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: PD ( ) Delete  
Name: ANTONIO, APREA  
Address: 6620 LAKE WORTH RD, STE F  
City-St-Zip: LAKE WORTH, FL 33467

Title: VPD ( ) Delete  
Name: PEROZZI, MIKE  
Address: 6620 LAKE WORTH RD, STE F  
City-St-Zip: LAKE WORTH, FL 33467

Title: TD ( ) Delete  
Name: YATES, SYLVIA  
Address: 6620 LAKE WORTH RD, STE F  
City-St-Zip: LAKE WORTH, FL 33467

Title: SD ( ) Delete  
Name: ST. JEAN, BILL  
Address: 6620 LAKE WORTH RD, STE F  
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete  
Name: PARKER, JEFF  
Address: 6620 LAKE WORTH RD, STE F  
City-St-Zip: LAKE WORTH, FL 33467

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

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

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

Title: TD (X) Change ( ) Addition  
Name: BAILEY, SYLVIA  
Address: 6620 LAKE WORTH RD, STE F  
City-St-Zip: LAKE WORTH, FL 33467

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: ANTONIO APREA

PD

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date