

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007069

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: AMORA HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

406 GIOVANNI DRIVE  
NOKOMIS, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

406 GIOVANNI DRIVE  
NOKOMIS, FL 34275

**New Mailing Address:**

FEI Number: 65-1049491

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RAASCH, SANDI  
406 GIOVANNI DRIVE  
NOKOMIS, FL 34275 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: T ( ) Delete  
Name: SIMONELLI, DANIEL  
Address: 102 AMORA AVE.  
City-St-Zip: VENICE, FL 34285

Title: VP ( ) Delete  
Name: GAGNON, ELAINE  
Address: 132 AMORA AVE.  
City-St-Zip: VENICE, FL 34285

Title: SEC ( ) Delete  
Name: LUNT, RICHARD  
Address: 112 AMORA AVE.  
City-St-Zip: VENICE, FL 34285

Title: P ( ) Delete  
Name: CORBIN, JEANNE  
Address: PO BOX 101  
City-St-Zip: VENICE, FL 34284

Title: D (X) Delete  
Name: HAMN, GERMINA  
Address: 144 AMORA AVE.  
City-St-Zip: VENICE, FL 34285

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

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

Title: VP (X) Change ( ) Addition  
Name: AMARAL, ARTHUR  
Address: 107 AMORA AVE.  
City-St-Zip: VENICE, FL 34285

Title: P (X) Change ( ) Addition  
Name: LUNT, RICHARD  
Address: 112 AMORA AVE.  
City-St-Zip: VENICE, FL 34285

Title: SEC (X) Change ( ) Addition  
Name: MULLER, JOAN  
Address: 106 AMORA AVENUE  
City-St-Zip: VENICE, FL 34284

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: SANDI RAASCH

EA

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date