2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003464

Apr 29, 2009 Secretary of State

Entity Name: LOMA VISTA PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5405 DIPLOMAT CIRCLE 5405 DIPLOMAT CIRCLE 100

SUITE 100 ORLANDO, FL 32810 ORLANDO, FL 32810

New Mailing Address: **Current Mailing Address:**

5405 DIPLOMAT CIRCLE 5405 DIPLOMAT CIRCLE SUITE 100

ORLANDO, FL 32810 ORLANDO, FL 32810

FEI Number: 56-2380728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

CLAYTON, KENNETH M CLAYTON, KENNETH M C/O CLAYTON & MCCULLOH % CLAYTON & MCCULLON

1065 MAITLAND CENTER COMMONS BLVD 1065 MAITLAND CENTER COMMONS BLVD

MAITLAND, FL 32751 US MAITLAND, FL 32751 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: 04/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

CLAYTON, BRANTLY W CLAYTON, BRANTLY W Name: Name:

5405 DIPLOMAT CIRCLE, SUITE #100 Address: 5405 DIPLOMAT CIRCLE, SUITE 100 Address:

City-St-Zip: ORLANDO, FL 32810 City-St-Zip: ORLANDO, FL 32810

Title: () Delete Title: (X) Change () Addition

Name: CLAYTON, W. MALCOLM Name: CLAYTON, MARK A

Address: 5405 DIPLOMAT CIRCLE, SUITE #100 Address: 5405 DIPLOMAT CIRCLE, SUITE 100

City-St-Zip: ORLANDO, FL 32810 City-St-Zip: ORLANDO, FL 32810

Title: () Delete Title: (X) Change () Addition DODGE, LINDA S Name: DODGE, LINDA S Name:

5405 DIPOLMAT CIRCLE, SUITE 100 5405 DIPLOMAT CIRCLE, SUITE 100 Address: Address:

City-St-Zip: ORLANDO, FL 32810 City-St-Zip: ORLANDO, FL 32810

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: MARK A. CLAYTON D 04/29/2009