2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007146

FILED Mar 12, 2009 Secretary of State

Entity Name: DRAKES LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
3007 DRAK VALRICO, I	(ES LANDING FL 33594	GCT.			
Current Mailing Address:			New Mailin	New Mailing Address:	
3007 DRAK VALRICO, I	(ES LANDING FL 33594	GCT.			
FEI Number:	04-3591427	FEI Number Applied For()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
3010 DRAK VALRICO, I		US			
The above in the State		submits this statement for the p	ourpose of changing it	s registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (STEWART, RI 3010 DRAKES VALRICO, FL	LANDING CT.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (WEATHERING 3001 DRAKES VALRICO, FL	LANDING CT.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PAYNE, EVA J	LANDING CT.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD (WOODSIDE, E 3007 DRAKES VALRICO, FL	LANDING CT.	Title: Name: Address: City-St-Zip:	STD (X) Change () Addition WOODSIDE, JAMIE 3007 DRAKES LANDING CT. VALRICO, FL 33594	
Title: Name: Address: City-St-Zip:	NAPPI, JULIÈ) Delete LANDING CT. 33594	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: RICHARD STEWART PD 03/12/2009