

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008630

FILED
Feb 04, 2009
Secretary of State

Entity Name: PEACHTREE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4740 DECATUR CIRCLE
MELBOURNE, FL 32934 US

New Principal Place of Business:

1331 BEDFORD DRIVE
#103
MELBOURNE, FL 32940 US

Current Mailing Address:

1331 BEDFORD DRIVE
#103
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 04-3674400 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DARBY, GODFREY J
4740 DECATUR CIRCLE
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

BYRD, ERIC
1331 BEDFORD DRIVE
#103
MELBOURNE, FL 32940 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: ERIC BYRD

02/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DARBY, GODFREY J
Address: 4740 DECATUR CIRCLE
City-St-Zip: MELBOURNE, FL 32934

Title: VD () Delete
Name: LAWSON, JERRY
Address: 4540 DECATUR CIRCLE
City-St-Zip: MELBOURNE, FL 32934

Title: T/SD () Delete
Name: BELLAMY, BARTON
Address: 2082 SIROCO LANE
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: KESAVAN, RAVINDRAN
Address: 4810 DECATUR CIRCLE
City-St-Zip: MELBOURNE, FL 32934

Title: D (X) Delete
Name: LYNCH, THERESA
Address: 4590 DECATUR CIRCLE
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: LYNCH, THERESA
Address: 4590 DECATUR CIRCLE
City-St-Zip: MELBOURNE, FL 32934

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: ERIC BYRD

RA

02/04/2009

Electronic Signature of Signing Officer or Director

Date