## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000008322

FILED Apr 14, 2009 Secretary of State

Entity Name: THE PROMENADES PROPERTY OWNERS' ASSOCIATION, INC.

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

2180 WEST SR 434 5334 CENTRAL FLORIDA PARKWAY

**SUITE 5000** #302

LONGWOOD, FL 32779 ORLANDO, FL 32821

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

2180 WEST SR 434 5334 CENTRAL FLORIDA PARKWAY

SUITE 5000 #302

LONGWOOD, FL 32779 ORLANDO, FL 32821

FEI Number: 84-1635671 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:

HART, JAMES W JR CAPLAN, BARRY ACCESS RESIDENTIAL MANAGEMENT SENTRY MANAGEMENT INC 2180 W SR 434, SUITE 5000 5334 CENTRAL FLORIDA PARKWAY #302

LONGWOOD, FL 327795044 US ORLANDO, FL 32821 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: BARRY CAPLAN 04/14/2009

Electronic Signature of Registered Agent Date

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

City-St-Zip:

() Delete (X) Change ( ) Addition

THOMSON, MARK CABRERA, DIANA Name: Name: 4901 VINELAND RD STE 500 Address: 4901 VINELAND RD STE 500 Address: City-St-Zip: ORLANDO, FL 32811 ORLANDO, FL 32811

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

SHOEMAKER, BEN Name: KOON, DAVID Name: Address: 4432 PKWY COMMERCE BLVD Address: 4901 VINELAND RD STE 500

City-St-Zip: ORLANDO, FL 32805 City-St-Zip: ORLANDO, FL 3281

Title: () Delete Title: STD (X) Change ( ) Addition CABRERA, DIANA Name: MAJZLIK, KELLY Name:

4901 VINELAND RD STE 500 4901 VINELAND RD STE 500 Address: Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip: ORLANDO, FL 32811

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: DIANA CABRERA PD 04/14/2009