

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009623

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** CORNICHE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

225 S. WESTMONTE DR  
#3310  
ALTAMONTE SPRINGS, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 162147  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 42-1575752

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VISTA COMMUNITY ASSOCIATION MANAGEMENT  
225 S. WESTMONTE DR  
#3310  
ALTAMONTE SPRINGS, FL 32712 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: P  
Name: BENSON, KEVIN  
Address: PO BOX 162147  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: TS  
Name: NEGAR, SHARIFI  
Address: PO BOX 162147  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: D  
Name: CARSON, BETH  
Address: PO BOX 162147  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: D  
Name: HIGHTOWER, BILLY  
Address: PO BOX 162147  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: D  
Name: MILLER, BETH  
Address: PO BOX 162147  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

I hereby 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 all other like empowered.

**SIGNATURE:** KEVIN BENSON

P

04/23/2012

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

\_\_\_\_\_  
Date