

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001474

FILED
Jan 23, 2009
Secretary of State

Entity Name: SOLIVITA COMMUNITY ASSOCIATION BINGO, INC.

Current Principal Place of Business:

395 VILLAGE DRIVE
POINCIANA, FL 34759

New Principal Place of Business:

Current Mailing Address:

815 SHOREHAVEN DR
POINCIANA, FL 34759

New Mailing Address:

351 NEW RIVER DR
POINCIANA, FL 34759

FEI Number: 03-0535210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KERRIGAN, JUANITA I
201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES, FL 33134 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 () Delete
Name: LANER, RUSS
Address: 815 SHOREHAVEN DR
City-St-Zip: POINCIANA, FL 34759

Title: V () Delete
Name: BENCHOFF, JERI
Address: 211 ANASTASIA DR
City-St-Zip: POINCIANA, FL 34759

Title: S () Delete
Name: HANER, KAREN
Address: 119 VENICE LANE
City-St-Zip: POINCIANR, FL 34759

Title: T () Delete
Name: LANER, MARTIE
Address: 815 SHOREHAVEN DR
City-St-Zip: POINCIANA, FL 34759

Title: BO () Delete
Name: SCHERR, BARBRA
Address: 210 ROCK SPRINGS DRIVE
City-St-Zip: POINCIANA, FL 34759

Title: AS (X) Delete
Name: SCHNEIDER, JAN
Address: 138 TERRA VISTA LANE
City-St-Zip: KISSIMMEE, FL 34759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOSWELL, DIANA
Address: 529 BELLINI WAY
City-St-Zip: POINCIANA, FL 34759

Title: V (X) Change () Addition
Name: LANE, DAVID
Address: 260 SORRENTO DR
City-St-Zip: POINCIANA, FL 34759

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

Title: T (X) Change () Addition
Name: SCHULMAN, SUSAN
Address: 351 NEW RIVER DR
City-St-Zip: POINCIANA, FL 34759

Title: AT (X) Change () Addition
Name: ROBINSON, JOHN
Address: 340 LAKE CASSIDY DR
City-St-Zip: POINCIANA, FL 34759

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: SUSAN SCHULMAN

T

01/23/2009

Electronic Signature of Signing Officer or Director

Date