2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N03000001852

Entity Name: THE PONCE TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

415 WEST DE LEON STREET
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

415 WEST DE LEON STREET
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3769783 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUDOBA, STEPHEN M ESQ.
101 E. KENNEDY BLVD.
SUITE 3700
TAMPA, FL 33602 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: D ( ) Delete
Name: DACHEPALLI, B. BEN
Address: 415 WEST DE LEON STREET
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: BRYANT, JOSEPH
Address: 411 WEST DE LEON STREET
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: HARKINS, JEFFERSON
Address: 409 DELEON STREET
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: BOWMAN, CECE
Address: 413 WEST DE LEON STREET
City-St-Zip: TAMPA, FL 33606

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: COPPINS, CECE
Address: 413 WEST DE LEON STREET
City-St-Zip: TAMPA, FL 33606

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: BEN DACHEPALLI D 01/08/2009

Electronic Signature of Signing Officer or Director Date