2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002523

FILED Apr 30, 2009 Secretary of State

Entity Name: PONZA PLACE HOMEOWNERS' ASSOCIATION, INC.

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

4095 PONZA PLACE 4200 PONZA PLACE LAKE WORTH, FL 33462 LAKE WORTH, FL 33462

Current Mailing Address: New Mailing Address:

4095 PONZA PLACE P. O. BOX 6463

LAKE WORTH, FL 33462 LAKE WORTH, FL 33466

FEI Number: 42-1607002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

> BOGUE ASSOCIATES 6897 BAYSHORE DRIVE SUITE B

LAKE WORTH, FL 33462 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: A. BOGUES 04/30/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change (X) Addition () Delete TRAVAGLINO, KIMBERLY RUMBBERG TOBISK, LBARBARA A Name: Name: 4135 PONZA PLACE Address: P. O. BOX 6463 Address:

City-St-Zip: LAKE WORTH, FL 33402 City-St-Zip: LAKE WORTH, FL 33466 US

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

Name: VITALE, ANTHONY Name: BANSORA CIBERTA B Address: 4119 PONZA PLACE Address: P. O. BOX 6463

City-St-Zip: LAKE WORTH, FL 33462 City-St-Zip: LAKE WORTH, FL 33466 US

Title: () Delete Title: (X) Change () Addition VITALE, ANTHONY JONES, JR, ROBERT E Name: Name:

4114 PONZA PLACE Address: Address: P. O. BOX 6463

City-St-Zip: LAKE WORTH, FL 33462 City-St-Zip: LAKE WORTH, FL 33466 US

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: BARBARA A. RUNDBERG TORICK **PRES** 04/30/2009