

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008266

FILED  
Jan 27, 2009  
Secretary of State

**Entity Name:** TOWNHOMES OF DELEON HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5008 W LINEBAUGH AVE SUITE 15  
TAMPA, FL 33624

**New Principal Place of Business:**

3750 GUNN HIGHWAY  
SUITE 109  
TAMPA, FL 33618

**Current Mailing Address:**

5008 W LINEBAUGH AVE  
SUITE 15  
TAMPA, FL 33624

**New Mailing Address:**

3750 GUNN HIGHWAY  
SUITE 109  
TAMPA, FL 33618

**FEI Number:** 20-0930726

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AVID PROPERTY MANAGEMENT INC  
5008 W LINEBAUGH AVE  
SUITE 15  
TAMPA, FL 33624 US

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

AVID PROPERTY MANAGEMENT INC  
3750 GUNN HIGHWAY  
SUITE 109  
TAMPA, FL 33618 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: AVELINO VIDE

01/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: MOOTZ, STEVEN  
Address: 3111 W. DELEON STREET, #6  
City-St-Zip: TAMPA, FL 33609

Title: DV ( ) Delete  
Name: ARNOLDI, CHRIS  
Address: 3111 W. DELEON STREET, #4  
City-St-Zip: TAMPA, FL 33609

Title: DP ( ) Delete  
Name: PEDICINI, ANTHONY  
Address: 3111 W DE LEON ST #8  
City-St-Zip: TAMPA, FL 33609

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

Title: DT (X) Change ( ) Addition  
Name: MOOTZ, STEVEN  
Address: 3750 GUNN HIGHWAY SUITE 109  
City-St-Zip: TAMPA, FL 33618

Title: DV (X) Change ( ) Addition  
Name: ARNOLDI, CHRIS  
Address: 3750 GUNN HIGHWAY SUITE 109  
City-St-Zip: TAMPA, FL 33618

Title: DP (X) Change ( ) Addition  
Name: PEDICINI, ANTHONY  
Address: 3750 GUNN HIGHWAY SUITE 109  
City-St-Zip: TAMPA, FL 33618

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: AVELINO VIDE

MGR

01/27/2009

Electronic Signature of Signing Officer or Director

Date