

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009080

FILED
Apr 27, 2009
Secretary of State

Entity Name: ALAFIA PRESERVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4703 RAMBLING RIVER ROAD
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

4703 RAMBLING RIVER ROAD
BRANDON, FL 33511

New Mailing Address:

FEI Number: 30-0235447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN VOORHIS, BARBARA K WMS
4703 RAMBLING RIVER ROAD
BRANDON, FL 33511 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: PD () Delete
Name: VANDORHIS, BARBARA K WMS
Address: 4703 RAMBLING RIVER ROAD
City-St-Zip: BRANDON, FL 33511

Title: VPD () Delete
Name: VANVOORHIS, KENNETH R WMS
Address: 4703 RAMBLING RIVER ROAD
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VANVOORHIS, BARBARA K WMS
Address: 4703 RAMBLING RIVER ROAD
City-St-Zip: BRANDON, FL 33511

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: BARBARA K WMS VANVOORHIS

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date