

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Dec 22, 2009
Secretary of State**

DOCUMENT# N03000009880

Entity Name: TALAVERA ASSOCIATION, INC.

Current Principal Place of Business:

C/O WELLINGTON MGMT
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

C/O WELLINGTON MGMT
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-0408751 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWSOME, JOHN
3461-B FAIRLANE FARMS RD.
WELLINGTON, FL 33414 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: PT () Delete
Name: HELLINGER, ANDREW B
Address: 235 ALTARA AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: VPS () Delete
Name: COULTER, LYNN M
Address: 235 ALTARA AVE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPS (X) Change () Addition
Name: JANVIER, EDRIN
Address: 235 ALTARA AVE
City-St-Zip: CORAL GABLES, FL 33146

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: ANDREW B. HELLINGER

PT

12/22/2009

Electronic Signature of Signing Officer or Director

_____ Date