

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010088

FILED  
Feb 03, 2009  
Secretary of State

**Entity Name:** CEARRA DEL RAY OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

4916 KENSINGTON PK BLVD  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PAUL D HARRIS, CPA  
PO BOX 960  
JONESVILLE, VA 24263

**New Mailing Address:**

**FEI Number:** 35-2220032

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OSWALD, KENNETH F ESQ.  
600 COURTLAND AVENUE #110  
ORLANDO, FL 32804 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: VD ( ) Delete  
Name: BUROS, RONNIE E  
Address: 2648 WEST STATE ROAD 434, SUITE B  
City-St-Zip: LONGWOOD, FL 32779

Title: PD ( ) Delete  
Name: INGRASSIA, RAY  
Address: 4916 KENSINGTON PK BLVD  
City-St-Zip: ORLANDO, FL 32819

Title: STD ( ) Delete  
Name: HARRIS, PAUL D  
Address: P O BOX 404  
City-St-Zip: JONESVILLE, VA 24263

**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:

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: PAUL HARRIS

STD

02/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date