2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N04000004488

Entity Name: TROUT RIVER LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10250 NORMANDY BLVD. SUITE 702
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

10250 NORMANDY BLVD. SUITE 702
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: 20-1087545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, DOUG
10250 NORMANDY BLVD. SUITE 702
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

CHESSER, JIMMY
10250 NORMANDY BLVD. SUITE 702
JACKSONVILLE, FL 32221 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: JIMMY CHESSER 04/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HIERS, ANGELA
Address: 6642 RIVER FALLS DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32219

Title: D ( ) Delete
Name: MCMAHAN, EVA
Address: 10964 RIVER FALLS DRIVE
City-St-Zip: JACKSONVILLE, FL 32219

Title: STD ( ) Delete
Name: JONES, FELECIA
Address: 10965 RIVER FALLS DR
City-St-Zip: JACKSONVILLE, FL 32219

Title: VPD (X) Delete
Name: CASS, DAYNA
Address: 10990 RIVER FALLS DRIVE
City-St-Zip: JACKSONVILLE, FL 32219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: MERICLE, WILLIAM
Address: 6625 RIVER FALLS DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32219

Title: STD (X) Change ( ) Addition
Name: CASS, DAYNA
Address: 10990 RIVER FALLS DRIVE
City-St-Zip: JACKSONVILLE, FL 32219

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: ANGELA HIERS PD 04/06/2009
Electronic Signature of Signing Officer or Director Date