


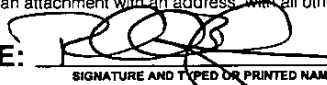


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90040 036 ****61.25

DOCUMENT # N04000006755 1. Entity Name ALAMANDA HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 6700 S FLORIDA AVE STE 6 LAKELAND, FL 33813 --				Mailing Address 6700 S FLORIDA AVE STE 6 -- LAKELAND, FL 33813 ----	
2. Principal Place of Business 6383 Alamanda Hills Suite, Apt. #, etc. Drive		3. Mailing Address P O BOX 118 Suite, Apt. #, etc.			
City & State Lakeland Florida		City & State Highland City, FL		4. FEI Number 43-2055407	
Zip 33813		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALDRIDGE, J.C. -- 6700 S FLORIDA AVE STE 6 -- LAKELAND, FL 33813 ----		7. Name and Address of New Registered Agent Name RICHARD C. BILGER Street Address (P.O. Box Number is Not Acceptable) 6383 Alamanda Hills Drive City Lakeland FL 33813			
8. 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE  Signature typed or printed name of registered agent and title if applicable Richard C. Bilger </div> <div style="width: 30%; text-align: center;"> President </div> <div style="width: 30%; text-align: right;"> 1/24/2006 DATE </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALDRIDGE, J.C. -- 6700 S FLORIDA AVE STE 6 LAKELAND, FL 33813 ----	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P BILGER, RICHARD C. 6383 Alamanda Hills Drive Lakeland, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MUNEZ, ROBERT F -- 5352 S FLORIDA AVE -- LAKELAND, FL 33813 ----	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V SHIVE, ASHLEY A. 6374 Alamanda Hills Drive Lakeland, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ELLER, JINDA S -- 6700 S FLORIDA AVE STE 6 -- LAKELAND, FL 33813 --	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/ST ELLIOTT, STACY L. 6307 Alamanda Hills Drive Lakeland, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE:  Richard C. Bilger 1/24/06 (863)398-8816 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President					