

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006755

FILED
Apr 28, 2009
Secretary of State

Entity Name: ALAMANDA HOMEOWNERS'A ASSOCIATION, INC.

Current Principal Place of Business:

6383 ALMANDA HILLS DRIVE
LAKELAND, FL 33813

New Principal Place of Business:

6351 ALAMANDA HILLS DRIVE
LAKELAND, FL 33813

Current Mailing Address:

P.O. BOX 118
HIGHLAND CITY, FL 33846

New Mailing Address:

FEI Number: 43-2055407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BILGER, RICHARD C
6383 ALMANDA HILLS DRIVE
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

MOSCATELLO, KIM A MRS.
6351 ALAMANDA HILLS DRIVE
LAKELAND, FL 33813 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: KIMBERLY A. MOSCATELLO

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BILGER, RICHARD C
Address: 6383 ALMANDA HILLS DRIVE.
City-St-Zip: LAKELAND, FL 33813

Title: DV () Delete
Name: RAMSEY, DAVID
Address: 6221 ALAMANDA HILLS BLVD.
City-St-Zip: LAKELAND, FL 33813

Title: DST () Delete
Name: MOSCATELLO, KIM
Address: 6351 ALAMANDA HILLS DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: MOSCATELLO, KIM A
Address: 6351 ALMANDA HILLS DRIVE.
City-St-Zip: LAKELAND, FL 33813

Title: DP (X) Change () Addition
Name: RAMSEY, DAVID
Address: 6221 ALAMANDA HILLS BLVD.
City-St-Zip: LAKELAND, FL 33813

Title: DST (X) Change () Addition
Name: STILLE, DENISE
Address: 6248 ALAMANDA HILLS BLVD
City-St-Zip: LAKELAND, FL 33813

Title: DT () Change (X) Addition
Name: MILLIKAN, JUDY
Address: 3874 ALAMANDA HILLS PLACE
City-St-Zip: LALELAND, FL 33813

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: KIMBERLY A. MOSCATELLO

DVP

04/28/2009

Electronic Signature of Signing Officer or Director

Date