

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006755

**FILED**  
**Jan 27, 2010**  
**Secretary of State**

**Entity Name:** ALAMANDA HOMEOWNERS'A ASSOCIATION, INC.

**Current Principal Place of Business:**

6351 ALAMANDA HILLS DRIVE  
LAKELAND, FL 33813

**New Principal Place of Business:**

**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:**

MOSCATELLO, KIM A MRS.  
6351 ALAMANDA HILLS DRIVE  
LAKELAND, FL 33813 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:** DVP  
**Name:** MOSCATELLO, KIM A  
**Address:** 6351 ALMANDA HILLS DRIVE.  
**City-St-Zip:** LAKELAND, FL 33813

**Title:** DP  
**Name:** RAMSEY, DAVID  
**Address:** 6221 ALAMANDA HILLS BLVD.  
**City-St-Zip:** LAKELAND, FL 33813

**Title:** DST  
**Name:** STILLE, DENISE  
**Address:** 6248 ALAMANDA HILLS BLVD  
**City-St-Zip:** LAKELAND, FL 33813

I hereby 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 all other like empowered.

**SIGNATURE:** KIMBERLY A MOSCATELLO

DVP

01/27/2010

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

\_\_\_\_\_  
Date