2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N04000010752

Entity Name: ST. CLOUD LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3828 MISTY LANDING DR.
VALRICO, FL 33594

New Principal Place of Business:

3829 MISTY LANDING DR.
VALRICO, FL 33594

Current Mailing Address:

P.O. BOX 633
VALRICO, FL 33595

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARPER, FORREST
3828 MISTY LANDING DR.
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

KOTINSKY, MARLENE
3811 MISTY LANDING DR.
VALRICO, FL 33594 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: MARLENE M KOTINSKY 04/15/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HARPER, FORREST
Address: 3828 MISTY LANDING DR.
City-St-Zip: VALRICO, FL 33594

Title: VP1 ( ) Delete
Name: KOTINSKY, MARLENE
Address: 3811 MISTY LANDING DR.
City-St-Zip: VALRICO, FL 33594

Title: T ( ) Delete
Name: CABRERA, ANGELA
Address: 3823 MISTY LANDING DR.
City-St-Zip: VALRICO, FL 33594

Title: S ( ) Delete
Name: JASON, LEACH
Address: 3831 MISTY LANDING DR.
City-St-Zip: VALRICO, FL 33594

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SILVA, AMANDA
Address: 3829 MISTY LANDING DR.
City-St-Zip: VALRICO, FL 33594

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

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

Title: VP2 (X) Change ( ) Addition
Name: JASON, BEVER
Address: 3816 MISTY LANDING DR.
City-St-Zip: VALRICO, FL 33594

Title: S ( ) Change (X) Addition
Name: BUGGICA, MICHELE
Address: 3812 MISTY LANDING DR.
City-St-Zip: VALRICO, FL 33594

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: MARLENE M KOTINSKY VP1 04/15/2009
Electronic Signature of Signing Officer or Director Date