


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90025 016 \*\*\*\*70.00

**DOCUMENT # N04000011448**

1. Entity Name  
**HOMEOWNERS ASSOCIATION OF ALAMANDA KEY, INC.**




Principal Place of Business  
**400 HIGH POINT DR SUITE 500  
 COCOA, FL 32926**

Mailing Address  
**400 HIGH POINT DR SUITE 500  
 COCOA, FL 32926**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**66005703**



02172005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**20-2129432**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent  
**VANI, TA  
 400 HIGH POINT DR SUITE 500  
 COCOA, FL 32926**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$81.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution  **\$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 VANI, TA 400 HIGH POINT DR SUITE 500 COCOA, FL 32926 <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	TD PATRIA, ROBERT 400 HIGH POINT DR SUITE 500 COCOA, FL 32926 <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	SD MOFFETT, LAURA 400 HIGH POINT DR SUITE 500 COCOA, FL 32926 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 817, 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: *Jellani* Date: 3-18-05 Telephone # 321-636-0200