


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000011448
 1. Entity Name
 HOMEOWNERS ASSOCIATION OF ALAMANDA KEY, INC.



FILED
 06 APR 24 PM 12:51

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

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



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04102006 No Chg-NP CR2E037 (11/05)

4. FEI Number
 20-2129432

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

VANI, TA
 400 HIGH POINT DR SUITE 500
 COCOA, FL 32926

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

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VANI, TA 400 HIGH POINT DR SUITE 500 COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATRIA, ROBERT 400 HIGH POINT DR SUITE 500 COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOFFETT, LAURA 400 HIGH POINT DR SUITE 500 COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS 4/26/06
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100074511141
 05/12/06--01015--025 **125.00

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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: *[Signature]* 4/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #