


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



02062007 No Chg-NP CR2E037 (4/06)

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, 2007**

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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]* Date 3/15/07 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR