


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
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



01142008 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

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

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 03/26/08-80035-007 61.25

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: 3/6/08 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR