

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 16, 2009  
Secretary of State**

DOCUMENT# N04000011448

Entity Name: HOMEOWNERS ASSOCIATION OF ALAMANDA KEY, INC.

**Current Principal Place of Business:**

400 HIGH POINT DR SUITE 500  
COCOA, FL 32926

**New Principal Place of Business:**

**Current Mailing Address:**

400 HIGH POINT DR SUITE 500  
COCOA, FL 32926

**New Mailing Address:**

FEI Number: 20-2129432      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: VANI, TA  
Address: 400 HIGH POINT DR SUITE 500  
City-St-Zip: COCOA, FL 32926

Title: TD      ( ) Delete  
Name: PATRIA, ROBERT  
Address: 400 HIGH POINT DR SUITE 500  
City-St-Zip: COCOA, FL 32926

Title: SD      ( ) Delete  
Name: MOFFETT, LAURA  
Address: 400 HIGH POINT DR SUITE 500  
City-St-Zip: COCOA, FL 32926

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD      (X) Change ( ) Addition  
Name: KELLY, KELLIE  
Address: 400 HIGH POINT DR SUITE 500  
City-St-Zip: COCOA, FL 32926

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: THOMAS A. VANI

MGR

02/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date