

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011448

FILED  
Apr 11, 2011  
Secretary of State

**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: PD  
Name: VANI, TA  
Address: 400 HIGH POINT DR SUITE 500  
City-St-Zip: COCOA, FL 32926

Title: TD  
Name: ZAMAGIAS, CHRISTINE  
Address: 400 HIGH POINT DR SUITE 500  
City-St-Zip: COCOA, FL 32926

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

I hereby 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 all other like empowered.

SIGNATURE: T.A. VANI

PD

04/11/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date