

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011451

FILED
Apr 19, 2009
Secretary of State

Entity Name: LA TERRAZZA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3951 BAYMEADOWS ROAD
JACKSONVILLE, FL 32217

New Principal Place of Business:

6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200 US

Current Mailing Address:

3951 BAYMEADOWS ROAD
JACKSONVILLE, FL 32217

New Mailing Address:

6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200 US

FEI Number: 26-3221493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALLAR, SCOTT W
8777 SAN JOSE BLVD BLDG A SUITE 200
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT, INC.
6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200 US

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: REBECCA FURLOW

04/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, ANTONIA
Address: 3951 BAYMEADOWS RD
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: BROWN, BRENT
Address: 3951 BAYMEADOWS RD
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: BROWN, KYLE
Address: 3951 BAYMEADOWS RD
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ANTONIA BROWN

D

04/19/2009

Electronic Signature of Signing Officer or Director

Date