

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000391

FILED
Apr 01, 2009
Secretary of State

Entity Name: ARISTA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1507 S ALEXANDER ST
STE 103
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

P O BOX 3566
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: 90-0268100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROFESSIONAL PROPERTY MANAGEMENT SERVICES
1507 S. ALEXANDER ST
STE 103
PLANT CITY, FL 33563 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: P () Delete
Name: CANIZARES, ANTHONY
Address: 2409 DRAKE ELM TERRACE
City-St-Zip: VALRICO, FL 33594

Title: VP () Delete
Name: ARMSTEAD, MICHAEL
Address: 2413 FOUNTAIN GRASS DR.
City-St-Zip: VALRICO, FL 33594

Title: T () Delete
Name: MCPHERSON, THOMAS
Address: 2402 DRAKE ELM TERRACE
City-St-Zip: VALRICO, FL 33594

Title: S () Delete
Name: LEVY, CANDY
Address: 2306 SILVER TRUMPET CT
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: KING, WILLIAM R
Address: 2303 FOUNTAIN GRASS DR.
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KING, WILLIAM
Address: 2303 FOUNTAIN GRASS DR
City-St-Zip: VALRICO, FL 33594

Title: VP (X) Change () Addition
Name: CONSOLVER, DONALD
Address: 2307 FOUNTAIN GRASS DR.
City-St-Zip: VALRICO, FL 33594

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

Title: S (X) Change () Addition
Name: URSINI, WINIFRED
Address: 2303 SILVER TRUMPET CT
City-St-Zip: VALRICO, FL 33594

Title: D (X) Change () Addition
Name: BRAY, LAURA R
Address: 2408 FOUNTAIN GRASS DR.
City-St-Zip: VALRICO, FL 33594

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: GAIL CALHOUN

MGR

04/01/2009

Electronic Signature of Signing Officer or Director

Date