

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001442

FILED
Feb 06, 2009
Secretary of State

Entity Name: REDDICK'S CORNER HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2045 SAN MARCOS DRIVE
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

Current Mailing Address:

2045 SAN MARCOS DRIVE
WINTER HAVEN, FL 33880 US

New Mailing Address:

FEI Number: 20-2461347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TENAGLIA, RICHARD A
C/O CREATIVE ASSOCIATION SERVICES INC
2045 SAN MARCOS DRIVE
WINTER HAVEN, FL 33880 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 () Delete
Name: POPADAK, TOM
Address: 553 REDDICKS CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

Title: S () Delete
Name: TORRES, JUAN
Address: 550 REDDICKS CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

Title: T () Delete
Name: HOLZHAUSER, TOM
Address: 532 REDDICKS CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: HARTLEY, TOM
Address: 518 REDDICKS CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: POPADAK, TOM
Address: 553 REDDICKS CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POPADAK, TOM
Address: 553 REDDICKS CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

Title: S (X) Change () Addition
Name: TORRES, JUAN
Address: 560 REDDICKS CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

Title: T (X) Change () Addition
Name: HOLZHAUSER, TOMAS
Address: 532 REDDICKS CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

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

Title: D (X) Change () Addition
Name: GAYLE, JEANETTE
Address: 561 REDDICKS CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

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: TOM PAPADAK

P

02/06/2009

Electronic Signature of Signing Officer or Director

Date