

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001622

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** BALMORAL OF DELAND HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

881 BRAEMAR LANE  
DELAND, FL 32724

**New Principal Place of Business:**

**Current Mailing Address:**

881 BRAEMAR LANE  
DELAND, FL 32724

**New Mailing Address:**

841 BRAEMAR LANE  
DELAND, FL 32724

**FEI Number:** 81-0672835

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MINOTTI, ROBERT  
881 BRAEMAR LANE  
DELAND, FL 32724 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: D ( ) Delete  
Name: CHRISTIANO, LORI A  
Address: 841 BRAEMAR LANE  
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete  
Name: MINOTTI, ROBERT  
Address: 881 BRAEMAR LANE  
City-St-Zip: DELAND, FL 32724

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

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: LORI CHRISTIANO

D

01/21/2009

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

\_\_\_\_\_  
Date