## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000004462

FILED Apr 30, 2009 Secretary of State

Entity Name: LAS CASITAS ON ARRAWANA TOWNHOMES PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1207 N. HIMES AVE. SUITE 3 TAMPA, FL 33607 **New Mailing Address: Current Mailing Address:** 1207 N. HIMES AVE. SUITE 3 TAMPA, FL 33607 FEI Number: 20-4594415 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UNIQUE PROPERTY SERVICES, INC. 1207 N. HIMES AVE. SUITE 3 TAMPA, FL 33607 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition PIZZI, NICHOLAS TIERNEY, PATRICK Name: Name: 4039 S. DALE MABRY HWY. Address: 4320 SPINNAKER COVE LANE Address: City-St-Zip: TAMPA, FL 33611 City-St-Zip: TAMPA, FL 33615 Title: () Delete Title: SD (X) Change ( ) Addition TIERNEY, PATRICK Name: METCALF, CHARLES Name: Address: 4320 SPINNAKER COVE LANE Address: 5601 BAILEY ROAD City-St-Zip: TAMPA, FL 33615 City-St-Zip: TAMPA, FL 33565 Title: () Delete Title: () Change () Addition ALONZO, RUSSELL Name: Name: 1860 N. FORT HARRISON AVE. APT. 201 Address: Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: Title: SD (X) Delete Title: () Change () Addition METCALF, CHARLES Name: Name: 5601 BAILEY RD. Address: Address: City-St-Zip: TAMPA, FL 33565 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: PATRICK TIERNEY PD 04/30/2009