

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 26, 2012
Secretary of State

DOCUMENT# N06000005690

Entity Name: LUCAYA VILLAGE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**1136 EAST DONEGAN AVENUE
KISSIMMEE, FL 34744**New Principal Place of Business:**225 S WESTMONTE DR
STE #3310
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**1136 EAST DONEGAN AVENUE
KISSIMMEE, FL 34744**New Mailing Address:**PO BOX 162147
ALTAMONTE SPRINGS, FL 32716**FEI Number:** 20-5413460**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:**VISTA COMMUNITY ASSOCIATION MANAGEMENT
225 S WESTMONTE DR
STE #3310
ALTAMONTE SPRINGS, FL 32714 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: ELLEN R WOMACK

11/26/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: TEIXEIRA, MARCIO
Address: PO BOX 162147
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: V
Name: VELOSO, RAY
Address: PO BOX 162147
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: T
Name: MONTENEGRO, RONALDO
Address: PO BOX 162147
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: D
Name: CHAHADE, RICARDO
Address: PO BOX 162147
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 US

Title: D
Name: SILVA, DECIO LUIS
Address: PO BOX 162147
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

I hereby 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 all other like empowered.

SIGNATURE: MARCIO TEIXEIRA

P

11/26/2012

Electronic Signature of Signing Officer or Director

Date