2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

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Entity Name: ORIONS POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2811 E INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

4708 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303 US

Current Mailing Address:

2811 E INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301 US

New Mailing Address:

4708 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303 US

FEI Number: 20-5943882 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASBURY, THOMAS
2811 E INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ASBURY, THOMAS B REGISTE
4708 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303 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: THOMAS B. ASBURY 04/28/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GHAZVINI, HOSSEIN
Address: 2811 E INDUSTRIAL PLAZA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D ( ) Delete
Name: GHAZVINI, BEHZAD
Address: 2811 E INDUSTRIAL PLAZA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D ( ) Delete
Name: GHAZVINI, MEHRAN
Address: 2811 E INDUSTRIAL PLAZA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GHAZVINI, HOSSEIN DIRECTO
Address: 4708 CAPITAL CIRCLE NW
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: D (X) Change ( ) Addition
Name: GHAZVINI, BEHZAD DIRECTO
Address: 4708 CAPITAL CIRCLE NW
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: D (X) Change ( ) Addition
Name: GHAZVINI, MEHRAN DIRECTO
Address: 4708 CAPITAL CIRCLE NW
City-St-Zip: TALLAHASSEE, FL 32303 US

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: HOSSEIN GHAZVINI DIRE 04/28/2009
Electronic Signature of Signing Officer or Director Date