

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001543

FILED
Apr 02, 2009
Secretary of State

Entity Name: SARAH'S WALK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

9309 OLD KINGS RD. S.
SUITE 1-A
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

9309 OLD KINGS RD. S.
SUITE 1-A
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 20-8538515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENCHERO, GLORIA
9309 OLD INGS RD. SOTH
SUITE 1-A
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

MENCHERO, GLORIA
9309 OLD INGS RD. SOUTH
SUITE 1-A
JACKSONVILLE, FL 32257 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: GLORIA MENCHERO

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: EDMONDS, DANA
Address: 9309-1A OLD KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32202

Title: DVP (X) Delete
Name: CUTTS, BILL
Address: 9309-1A OLD KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32202

Title: DST () Delete
Name: EDMONDS, STEPHEN L
Address: 9309-1A OLD KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: EDMONDS, DANA H
Address: 9309-1A OLD KINGS ROAD S.
City-St-Zip: JACKSONVILLE, FL 32202

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: DANA H EDMONDS

DP

04/02/2009

Electronic Signature of Signing Officer or Director

Date