## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07783

Apr 07, 2011 Secretary of State

Entity Name: ALAMEDA ISLES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

MANAGEMENT SERVICES OF VENICE 530 US HIGHWAY 41 BYPASS SOUTH

VENICE, FL 34285

**New Mailing Address: Current Mailing Address:** 

MANAGEMENT SERVICES OF VENICE PO BOX 595 VENICE, FL 34284 US

FEI Number: 59-2294634 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:

MANAGEMENT SERVICES OF VENICE 530 US HIGHWAY 41 BYPASS SOUTH SARASOTA, FL 34231

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:**

ORR, PAUL Name:

Address: 530 US 41 BYPASS S STE 18-B

City-St-Zip: VENICE, FL 34285 US

Title:

Name: WALL, DON

Address: 530 US 41 BYPASS S STE 18-B

City-St-Zip: VENICE, FL 34285 US

Title: **PRES** Name:

ECKLER, KAY

530 US 41 BYPASS S STE 18-B Address:

City-St-Zip: VENICE, FL 34285 US

Title:

Name: EWELES, HOWARD

530 US 41 BYPASS S STE 18-B Address:

City-St-Zip: VENICE, FL 34285 US

Title:

BAILEY, DONNA Name:

530 US 41 BYPASS S STE 18-B Address:

City-St-Zip: VENICE, FL 34285 US

Title:

CYNTHIA. OGRADY Name:

Address: 530 US BYPASS S STE 18-B VENICE, FL 34285 US City-St-Zip:

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.

**PRES** SIGNATURE: KAY ECKLER 04/07/2011