2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07783

VENICE, FL 34285

VENICE, FL 34284

FILED Apr 04, 2012 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 HWY 41 BYPASS SOUTH 530 US HIGHWAY 41 BYPASS SOUTH

STE 18-B

VENICE, FL 34285

Current Mailing Address: New Mailing Address:

530 US HWY 41 BYPASS SOUTH MANAGEMENT SERVICES OF VENICE PO BOX 595

STE 18-B

VENICE, FL 34285 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 EWLES, HOWARD

530 US HIGHWAY 41 BYPASS SOUTH 5 SOUTH FLORA VISTA STREET SARASOTA, FL 34231 ENGLEWOOD, FL 34223

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: HOWARD EWLES 04/04/2012

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

PRES

EWLES, HOWARD Name:

530 US HWY 41 BYPASS SOUTH STE 18-B Address:

US

City-St-Zip: VENICE, FL 34285 US

Title:

Name: BATEMAN, RICK

Address: 530 US HWY 41 BYPASS SOUTH STE 18-B

City-St-Zip: VENICE, FL 34285 US

Title: **TRES** WALL, DON Name:

530 USHWY 41 BYPASS SOUTH STE 18-B Address:

City-St-Zip: VENICE, FL 34285 US

Title: SEC

Name: HOEKSEMA, JAN

530 US HWY 41 BYPASS SOUTH STE 18-B Address:

VENICE, FL 34285 US City-St-Zip:

Title: DIR

Name: ECKLER, KAY

530 US HWY 41 BYPASS SOUTH STE 18-B Address:

VENICE, FL 34285 US City-St-Zip:

Title:

BOUCHARD, CLIFF Name:

Address: 530 US HWY 41 BYPASS SOUTH 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.

SIGNATURE: HOWARD EWLES **PRES** 04/04/2012