

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07811

FILED  
Apr 22, 2008  
Secretary of State

**Entity Name:** ALAFAYA WOODS HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W. STATE RD. 434, SUITE 5000  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W. STATE RD. 434, SUITE 5000  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 59-2499737

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W., JR.  
2180 W. STATE RD. 434, SUITE 5000  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 32779 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: JAMES W HART JR

04/22/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GILL, CYNTHIA  
Address: 998 MCKINNON AVE  
City-St-Zip: OVIEDO, FL 32765

Title: VPD ( ) Delete  
Name: COFFIE, TONY  
Address: 1115 BRIELLE CT  
City-St-Zip: OVIEDO, FL 32765

Title: SD ( ) Delete  
Name: ALLEN, LISA M  
Address: 1014 WAINRIGHT DR  
City-St-Zip: OVIEDO, FL 72765

Title: TD (X) Delete  
Name: RIVENBARK, DAVID  
Address: 1008 WAINRIGHT DR  
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete  
Name: MOODY, STEVEN  
Address: 1035 GORE DR  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: CHILDS, JULIE  
Address: 1009 DEES DR  
City-St-Zip: OVIEDO, FL 32765

Title: SD (X) Change ( ) Addition  
Name: HOOVER, KARRISSA  
Address: 1053 WEAVER DR  
City-St-Zip: OVIEDO, FL 72765

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: CYNTHIA GILL

PD

04/22/2008

Electronic Signature of Signing Officer or Director

Date