

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09527

FILED
Mar 25, 2008
Secretary of State

Entity Name: ALTAMIRA TERRACE HOMEOWNERS ASSOCIATION PHASE #1, INC.

Current Principal Place of Business:

1542 N HIGHLAND PARK DR
LAKE WALES, FL 33898 US

New Principal Place of Business:

1546 N HIGHLAND PARK DR
LAKE WALES, FL 33898 US

Current Mailing Address:

ROBERT F. DELMAR
1542 N HIGHLAND PARK DR
LAKE WALES, FL 33898 US

New Mailing Address:

ROBERT PAYNE
1546 N HIGHLAND PARK DR
LAKE WALES, FL 33898 US

FEI Number: 59-2959059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNT, D. ANDREW
225 EAST PARK AVENUE
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

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:

Title: P/D () Delete
Name: DELMAR, ROBERT F
Address: 1542 N HIGHLAND PARK DR
City-St-Zip: LAKE WALES, FL 33898

Title: VP/D () Delete
Name: O'CONNOR, LINDA
Address: PO BOX 174
City-St-Zip: VOORHEESVILLE, NY 12186

Title: S/D () Delete
Name: GLENDA, PRIMEAU
Address: 1550 N HIGHLAND PARK DR
City-St-Zip: LAKE WALES, FL 33898

Title: T/D () Delete
Name: O'CONNOR, THOM
Address: PO BOX 174
City-St-Zip: VOORHEESVILLE, NY 12186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: PAYNE, ROBERT F
Address: 1546 N HIGHLAND PARK DR
City-St-Zip: LAKE WALES, FL 33898

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

Title: S/D (X) Change () Addition
Name: DEHAVEN, CAROL
Address: 1548 N HIGHLAND PARK DR
City-St-Zip: LAKE WALES, FL 33898

Title: T/D (X) Change () Addition
Name: VANN, PEGGY
Address: 7751 SW 62ND AVE
City-St-Zip: SOUTH MIAMI, FL 33143

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: LINDA OCONNOR

VP/D

03/25/2008

Electronic Signature of Signing Officer or Director

Date