

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011942

**FILED**  
**Jul 25, 2011**  
**Secretary of State**

**Entity Name:** AYURVEDA HEALTH RETREAT, INC.

**Current Principal Place of Business:**

14616 NW 140TH ST  
ALACHUA, FL 32616

**New Principal Place of Business:**

**Current Mailing Address:**

14616 NW 140TH ST  
ALACHUA, FL 32616

**New Mailing Address:**

**FEI Number:** 59-3695921

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MASLA, RICHARD  
14616 NW 140TH ST  
ALACHUA, FL 32616 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:** D  
**Name:** MASLA, RICHARD  
**Address:** 14616 NW 140TH ST  
**City-St-Zip:** ALACHUA, FL 32616

**Title:** D  
**Name:** KRUSZEWSKA, ANIA  
**Address:** 6400 NW 106 PLACE #2  
**City-St-Zip:** ALACHUA, FL 32615

**Title:** D  
**Name:** MASLA, SYAMA  
**Address:** P O BOX 1620  
**City-St-Zip:** ALACHUA, FL 32616

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:** RAM

PRES

07/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date