

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12073

FILED  
Mar 16, 2009  
Secretary of State

Entity Name: ALLEN'S RIDGE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5901 US 19 SOUTH  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

**Current Mailing Address:**

5901 US 19 SOUTH  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

FEI Number: 59-2602680      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

QUALIFIED PROPERTY MGMT, INC.  
5901 US 19 SOUTH  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 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: PD ( ) Delete  
Name: GIACOBONI, CHET  
Address: 5901 US 19  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD ( ) Delete  
Name: WILSON, DENISE  
Address: 5901 US 19  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD ( ) Delete  
Name: INCANTALUPO, ANTHONY  
Address: 5901 US 19  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete  
Name: READ, DONNA  
Address: 5901 US 19  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Delete  
Name: HEDGER, SANDRA  
Address: 5901 US 19  
City-St-Zip: NEW PORT RICHEY, FL 34652

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

Title: PD (X) Change ( ) Addition  
Name: GIACOBONI, CHIP  
Address: 5901 US 19  
City-St-Zip: NEW PORT RICHEY, FL 34652

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

Title: TD (X) Change ( ) Addition  
Name: KATZ, DAVID  
Address: 5901 US 19  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VPD (X) Change ( ) Addition  
Name: BOND, KRIS  
Address: 5901 US 19  
City-St-Zip: NEW PORT RICHEY, FL 34652

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: MARY WHITE

AGEN

03/16/2009

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

\_\_\_\_\_  
Date