

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18175

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: LA COSTA VILLAGE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

1400 LA COSTA BLVD  
PORT ORANGE, FL 32129 US

**New Principal Place of Business:**

**Current Mailing Address:**

1400 LA COSTA BLVD  
PORT ORANGE, FL 32129 US

**New Mailing Address:**

1228 LA FLOSITA DRIVE  
PORT ORANGE, FL 32129 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

CULLISON, EDWIN  
1329 COSTA DEL SOL DR  
PORT ORANGE, FL 32129 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: HOYT, JOHN  
Address: 1388 FLODEL SOL  
City-St-Zip: PORT ORANGE, FL 32129

Title: VPD ( ) Delete  
Name: MOELLER, MARJORIE  
Address: 2256 LAS FUENTES  
City-St-Zip: PORT ORANGE, FL 32129

Title: TRD ( ) Delete  
Name: CULLISON, EDWIN  
Address: 1329 COSTA DEL SOL DR  
City-St-Zip: PORT ORANGE, FL 32129

Title: SD ( ) Delete  
Name: LAFEVOR, SEDINA  
Address: 2225 LA ROSA  
City-St-Zip: PORT ORANGE, FL 32129

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

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

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

Title: TRD (X) Change ( ) Addition  
Name: LEWIS, DIANE  
Address: 1228 LA FLOSITA DR  
City-St-Zip: PORT ORANGE, FL 32129

Title: SD (X) Change ( ) Addition  
Name: CIALLIS, JOSEPHINE  
Address: PRIMAVERA  
City-St-Zip: PORT ORANGE, FL 32129

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: DIANE LEWIS

TRD

03/12/2009

Electronic Signature of Signing Officer or Director

Date