2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N18426

Entity Name: SELVA NORTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2092 VELA NORTE CIRCLE
ATLANTIC BEACH, FL 32233 US

New Principal Place of Business:

Current Mailing Address:

2092 VELA NORTE CIRCLE
ATLANTIC BEACH, FL 32233 US

New Mailing Address:

FEI Number: 59-2749662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINDORFF, DIANNE L
2092 VELA NORTE CIRCLE
ATLANTIC BEACH, FL 32233 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	( ) Delete
Name:	LINDORFF, DIANNE L	
Address:	2092 VELA NORTE CIRCLE	
City-St-Zip:	ATLANTIC BEACH, FL 32233 US	
Title:	VP	( ) Delete
Name:	JARDINE, EDWARD F JR	
Address:	2051 DUNA VISTA COURT	
City-St-Zip:	ATLANTIC BCH, FL 32233 US	
Title:	SD	( ) Delete
Name:	MEYER, MARK	
Address:	2002 COLINA COURT	
City-St-Zip:	ATLANTIC BEACH, FL 32233 US	
Title:	TD	( ) Delete
Name:	JOE, REVIS	
Address:	439 20TH ST	
City-St-Zip:	ATLANTIC BEACH, FL 32233 US	
Title:	D	( ) Delete
Name:	ROWLAND, DARLENE	
Address:	1980 MIPAULA COURT	
City-St-Zip:	ATLANTIC BEACH, FL 32233 US	
Title:	D	( ) Delete
Name:	FISHER, IRENE	
Address:	2001 MIPAULA CT	
City-St-Zip:	ATLANTIC BEACH, FL 32233 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DIANNE L. LINDORFF P 03/04/2009

Electronic Signature of Signing Officer or Director — Date