

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21453

FILED
May 02, 2007
Secretary of State

Entity Name: ALDEN SHORES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

142 DIANNE DR
ORMOND BCH, FL 32176 US

New Principal Place of Business:

Current Mailing Address:

142 DIANNE DR
ORMOND BCH, FL 32176 US

New Mailing Address:

FEI Number: 59-2908561 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MANDARINO, ROBERT
142 DIANNE DR
ORMOND BCH, FL 32176 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: MANDARINO, ROBERT
Address: 142 DIANNE DR
City-St-Zip: ORMOND BCH, FL 32176

Title: STD () Delete
Name: HOKE, MARTIN WESLEY,
Address: 149 DIANNA DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: VPD () Delete
Name: MOUNTCASTLE, DAVID L
Address: 144 DIANNE DR
City-St-Zip: ORMOND BCH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: HOKE, MARTIN WESLEY,
Address: 149 DIANNE DR.
City-St-Zip: ORMOND BEACH, FL 32176

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: ROBERT MANDARINO

PD

05/02/2007

Electronic Signature of Signing Officer or Director

Date