

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24413

FILED
Apr 14, 2009
Secretary of State

Entity Name: EAST LINDEN ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

352 TRIANA ST
SPRING HILL, FL 34609 US

New Principal Place of Business:

%ROBERTS
428 SILAS CT
SPRING HILL, FL 34609 US

Current Mailing Address:

352 TRIANA ST
SPRING HILL, FL 34609 US

New Mailing Address:

%ROBERTS
428 SILAS CT
SPRING HILL, FL 34609 US

FEI Number: 59-2997055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAGE, BARBARA B ESQ
1150 SUMMER LAKES DR
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

STAGE, BARBARA B ESQ
5401 SOUTH KIRKMAN
SUITE 310
ORLANDO, FL 32819 US

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:

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: BALL, LYNETTE
Address: 352 TRIANA ST
City-St-Zip: SPRING HILL, FL 34609

Title: DP () Delete
Name: PARKER, DAVID B
Address: 12470 WINSTON CT
City-St-Zip: SPRING HILL, FL 34609

Title: D () Delete
Name: MARVELLA, GEORGE
Address: 201 ORIANA DRIVE
City-St-Zip: SPRING HILL, FL 34609

Title: D (X) Delete
Name: COLE, CHARLES M
Address: 12457 EVERARD DR.
City-St-Zip: SPRING HILL, FL 34609

Title: DVP () Delete
Name: CAFRA, PATRICIA
Address: 13109 UNITY ST.
City-St-Zip: SPRING HILL, FL 34609

Title: DT () Delete
Name: ROBERTS, JOAN
Address: 428 SILAS CT
City-St-Zip: SPRING HILL, FL 34609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BALL, ROGER
Address: 352 TRIANA ST
City-St-Zip: SPRING HILL, FL 34609

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: JOAN ROBERTS

TREA

04/14/2009

Electronic Signature of Signing Officer or Director

Date