

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24827

FILED
May 31, 2009
Secretary of State

Entity Name: LAS HADAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7 CALLE RIO
MARY ESTHER, FL 32569 US

New Principal Place of Business:

Current Mailing Address:

7 CALLE RIO
MARY ESTHER, FL 32569 US

New Mailing Address:

FEI Number: 65-0091997 **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:

ARMSTRONG, BOB C
7 CALLE RIO
MARY ESTHER, FL 32569 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: PTD () Delete
Name: ARMSTRONG, BOB C
Address: 7 CALLE RIO
City-St-Zip: MARY ESTHER, FL

Title: SD () Delete
Name: SMITH, PAUL
Address: 13 CALLE RIO
City-St-Zip: MARY ESTHER, FL,,

Title: VD (X) Delete
Name: GATES, CHARLES
Address: 1 CALLE RIO
City-St-Zip: MARY ESTHER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: ARMSTRONG, BOB C
Address: 7 CALLE RIO
City-St-Zip: MARY ESTHER, FL 32569 US

Title: VD (X) Change () Addition
Name: GATES, CHARLES
Address: 1 CALLER RIO
City-St-Zip: MARY ESHTER, FL 32569 US

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: BOB ARMSTRONG

PTD

05/31/2009

Electronic Signature of Signing Officer or Director

Date