2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31206

FILED Apr 29, 2009 Secretary of State

Entity Name: LA VISTA AT PRESTANCIA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2828 CLARK RD STE 7 SARASOTA, FL 34231 **New Mailing Address: Current Mailing Address:** 3412 CLARK RD, PMB 236 SARASOTA, FL 342318406 FEI Number: 65-0104903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARLOW GROUP, INC. 2828 CLARK RD, STE 7 SARASOTA, FL 34231 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition ALLEN, NANCY LEACH, PAT Name: Name: 7577 CALLE FACIL Address: 7577 CALLE FACIL Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: SARASOTA, FL 34238 Title: PD Title: () Delete () Change () Addition BERRIER, JOE Name: Name: Address: 7677 CALLE FACIL Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: Title: () Delete Title: () Change () Addition BURNETT, CLIVE Name: Name: Address: 3412 CLARD RD #236 Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: KACK, JOSEPH Name: 3412 CLARK RD #236 Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: () Delete Title: () Change () Addition AWBREY, DONALD L Name: Name: 3412 CLARK RD, # 236 Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: () Delete Title: (X) Change () Addition HARLAN DANIFI SKINNER, SEAN Name: Name: Address: 3412 CLARK RD #236 Address: 3412 CLARK RD #236 SARASOTA, FL 34231 SARASOTA, FL 34231 City-St-Zip: 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: CLIVE BURNETT AS 04/29/2009