

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33663

FILED
Mar 02, 2009
Secretary of State

Entity Name: ADRIANE PARK HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

ADRIANE PARK
733 ADRIANE PARK CIR
KISSIMMEE, FL 34744 US

New Principal Place of Business:

ADRIANE PARK
628 ADRIANE PARK CIR
KISSIMMEE, FL 34744 US

Current Mailing Address:

P.O. BOX 451183
KISSIMMEE, FL 34745 US

New Mailing Address:

FEI Number: 59-2984157 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NODA, GLORIA
713 ADRIANE PARK CIR
KISSIMMEE, FL 34744 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: V () Delete
Name: TCHOBANIAN, AIDA
Address: 608 ADRIANE PARK CIR.
City-St-Zip: KISSIMMEE, FL 34744

Title: P () Delete
Name: SYKES, SHIRLEY
Address: 628 A DRIANE PARK CIR
City-St-Zip: KISSIMMEE, FL 34744

Title: S () Delete
Name: NICHOLS, TERESA
Address: 721 ADRIANE PARK CIR
City-St-Zip: KISSIMMEE, FL 34744

Title: T () Delete
Name: NODA, GLORIA
Address: 713 ADRIANE PARK CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: RICE, MICHELLE
Address: 645 ADRIANE PARK CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: WILSON, GLENN
Address: 729 ADRIANE PARK CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: MOORE, JUDY
Address: 677 ADRIANE PARK CIR
City-St-Zip: KISSIMMEE, FL 34744

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

Title: D (X) Change () Addition
Name: MINIER, MANUEL
Address: 649 ADRIANE PARK CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

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: GLORIA M NODA

T

03/02/2009

Electronic Signature of Signing Officer or Director

Date