2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N34927

Entity Name: JOANNA PARK PLACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

107 N. LINE DR.
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

107 N. LINE DR.
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-3111276 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUTHERLAND, THERESA D
107 N. LINE DR.
APOPKA, FL 32703 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	(X) Delete
Name:	LANDRY, RON	
Address:	19029 PARK PLACE BLVD	
City-St-Zip:	EUSTIS, FL 32736 US	
Title:	VD	( ) Delete
Name:	BERRY, EARL	
Address:	34020 PARKVIEW AVE.	
City-St-Zip:	EUSTIS, FL 32736 US	
Title:	SD	( ) Delete
Name:	OMALLEY, MARGARET	
Address:	19200 PARK PLACE BLVD	
City-St-Zip:	EUSTIS, FL 32736 US	
Title:	TD	( ) Delete
Name:	DELUCA, JULIE	
Address:	19004 PARK PLACE BLVD	
City-St-Zip:	EUSTIS, FL 32736 US	
Title:	D	( ) Delete
Name:	WARE, JIL	
Address:	19651 SPRING OAK DR.	
City-St-Zip:	EUSTIS, FL 32736 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	O'MALLEY, MARGARET	
Address:	19200 PARK PLACE BLVD	
City-St-Zip:	EUSTIS, FL 32736 US	
Title:	TD	(X) Change ( ) Addition
Name:	GRIMM, PAT	
Address:	34236 PARKVIEW AVE.	
City-St-Zip:	EUSTIS, FL 32736 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: EARL BERRY VPD 04/09/2009

Electronic Signature of Signing Officer or Director — Date