

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37131

FILED
Mar 22, 2012
Secretary of State

Entity Name: LOMA LINDA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

569 LOMA BONITA DRIVE
DAVENPORT, FL 33837 US

New Principal Place of Business:

620 LOMA BONITA DRIVE
DAVENPORT, FL 33837 US

Current Mailing Address:

P.O. BOX 285
LOUGHMAN, FL 33858

New Mailing Address:

FEI Number: 59-3001250 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHILTON, ROBERT C ESQ.
99 SIXTH STREET S.W.
WINTER HAVEN, FL 33880 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: P/D
Name: KOLEMAN, EDWARD
Address: 620 LOMA BONITA DRIVE
City-St-Zip: DAVENPORT, FL 33837 US

Title: VP/D
Name: VILLA, RONALD
Address: 834 LOMA BONITA DRIVE
City-St-Zip: DAVENPORT, FL 33837

Title: S/D
Name: THEWS, DORIS
Address: 433 WINDWARD WAY
City-St-Zip: DAVENPORT, FL 33837

Title: T/D
Name: GOTTIER, SANDY
Address: 351 WINDWARD WAY
City-St-Zip: DAVENPORT, FL 33837

Title: D
Name: RADEL, JUDY
Address: 305 WINDWARD WAY
City-St-Zip: DAVENPORT, FL 33837

I hereby 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 all other like empowered.

SIGNATURE: JUDY RADEL

DIR

03/22/2012

Electronic Signature of Signing Officer or Director

Date