


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90078 035 \*\*\*\*61.25

<b>DOCUMENT # N37555</b>	
1. Entity Name <b>VIA MERANO HOMEOWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>1031 VIA HERANO CT WINTER PARK FL 32789</b>	Mailing Address <b>1031 VIA HERANO CT WINTER PARK FL 32789</b>
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2. Principal Place of Business <b>1051 VIA MERANO CT.</b>	3. Mailing Address <b>1051 VIA MERANO CT.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State <b>WINTER PARK, FL.</b>	City & State <b>WINTER PARK, FL.</b>
Zip <b>32789</b>	Zip <b>32789</b>
Country <b>USA</b>	Country <b>USA</b>

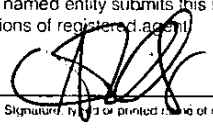
4. FEI Number <b>59-3013103</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DOWDEN, JAMES C 1031 VIA HERANO CT WINTER PARK FL 32789</b>	
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7. Name and Address of New Registered Agent	
Name <b>DR. ALAN WLADIS</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1051 VIA MERANO CT.</b>	
City <b>WINTER PARK</b>	FL <b>32789</b>

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 

(NOTE: Registered Agent signature required when reappointing)

DATE **2/4/06**

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>MARON, PAMELA S</b>	
STREET ADDRESS <b>1031 VIA MERANO CT</b>	
CITY-ST-ZIP <b>WINTER PARK FL 32789</b>	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete
NAME <b>DOWDEN, JAMES C</b>	
STREET ADDRESS <b>1031 VIA MERANO CT.</b>	
CITY-ST-ZIP <b>WINTER PARK FL 32789</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>TIMBERLAKE, CHERYL</b>	
STREET ADDRESS <b>1050 VIA MERANO CT.</b>	
CITY-ST-ZIP <b>WINTER PARK FL 32789</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DR. ALAN WLADIS</b>	
STREET ADDRESS <b>1051 VIA MERANO CT.</b>	
CITY-ST-ZIP <b>WINTER PARK, FL. 32789</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JAMES C. DOWDEN</b>	
STREET ADDRESS <b>1031 VIA MERANO CT.</b>	
CITY-ST-ZIP <b>WINTER PARK, FL. 32789</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

**2/4/06**

**407-622-6579**