


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008 8:00 am
Secretary of State

07-09-2008 90021 025 ****61.25

DOCUMENT # N37555		
1. Entity Name VIA MERANO HOMEOWNERS' ASSOCIATION, INC.		

Principal Place of Business 1060 VIA MERONA CT WINTER PARK, FL 32789	Mailing Address 1060 VIA MERONA CT WINTER PARK, FL 32789
--	--

40109922



2. Principal Place of Business - No P.O. Box # 1010 VIA MERANO CT.	3. Mailing Address 1010 VIA MERANO CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07052008 Chg-NP CR2E037 (12/06)

City & State WINTER PARK FL.	City & State WINTER PARK FL.
Zip 32789	Zip 32789
Country US	Country US

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent BLOCK, SUSAN 1060 VIA MERONO CT WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name BEN GUEDES Street Address (P.O. Box Number is Not Acceptable) 1010 VIA MERANO CT City WINTER PARK FL Zip Code 32789	
---	--	--	--

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: BEN GUEDES <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE: 7-5-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
--	---	------------------------------------	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WLADIS, ALAN DR 1051 VIA MERANO CT WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEN GUEDES 1010 VIA MERANO CT WINTER PARK FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWDEN, JAMES C 1031 VIE MERANO CT WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMBERLAKE, CHERYL 1050 VIA MERANO CT. WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: BEN GUEDES <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: 7-5-08 DAYTIME PHONE: 407-894-8556