2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# N40718

Entity Name: HOME OWNERS ASSOCIATION OF LA FLORESTA, INC.

Current Principal Place of Business:

503 SAVONA COURT
ALTOMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

503 SAVONA COURT
ALTOMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 59-1634571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FACKELMAN, JOHN
503 SAVONA COURT
ALTAMONTE, FL 32701 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: TD ( ) Delete
Name: MOBLEY, SKIP
Address: 507 BIANCA COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SD ( ) Delete
Name: FACKELMAN, JOHN
Address: 503 SAVONA CT.
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: PD ( ) Delete
Name: ROCHFORD, JEFF
Address: 510 BIANCA COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPD ( ) Delete
Name: CALBRESE, GUY
Address: 517 TIVOLI COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CHARLES H. MOBLEY JR. TD 02/18/2009

Electronic Signature of Signing Officer or Director — Date