

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41237

FILED
Apr 20, 2009
Secretary of State

Entity Name: OLD FORT DENAUD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

150 S MAIN STREET
SUITE 1
LABELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

12650 WHITEHALL DR
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 65-0320344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANDALL, BONITA D
12650 WHITEHALL DR
FORT MYERS, FL 33907 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 () Delete
Name: CLAYTON, STANLEY
Address: 5284 RIVER BLOSSOM LN
City-St-Zip: LABELLE, FL 33935

Title: SD () Delete
Name: LEVENTHAL, RAY
Address: 5265 RIVER BLOSSOM LN
City-St-Zip: LABELLE, FL 33935

Title: VD () Delete
Name: ALVAREZ, ANTONIO
Address: 5260 RIVER BLOSSOM LN
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: MOORE, ROBERT
Address: 5276 RIVER BLOSSOM LN
City-St-Zip: LABELLE, FL 33935

Title: TD () Delete
Name: BENKERT, JOHN
Address: 5263 RIVER BLOSSOM LN
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: CLAYTON, STANLEY
Address: 5284 RIVER BLOSSOM LN
City-St-Zip: LABELLE, FL 33935

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

Title: PD (X) Change () Addition
Name: ALVAREZ, ANTONIO
Address: 5260 RIVER BLOSSOM LN
City-St-Zip: LABELLE, FL 33935

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: ANTONIO ALVAREZ

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date