2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42933

FILED Jan 05, 2009 Secretary of State

Entity Name: HOLDEN PARK COMMUNITY ASSOCIATION, INCORPORATED

	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
ORLAND(SLEY DRIVE D, FL 32839	US			
Current M	lailing Addre	ss:	New Mailing Addres	New Mailing Address:	
	SLEY DRIVE D, FL 32839	US			
FEI Number	: 65-0257221	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
4612 TINS	V, BETTY J SLEY DRIVE D, FL 32839	US			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU					
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS	
Title: Vame:	VAN MAAREN,		Title: Name:	() Change () Addition	
Address: City-St-Zip:	ORLANDO, FL	OOD DRIVE 32839	Address: City-St-Zip:		
City-St-Zip: Fitle: Name: Address:	ORLANDO, FL	32839) Delete ETTY J ' DRIVE		() Change () Addition	
	ORLANDO, FL ST (WINSLOW, BE 4612 TINSLEY ORLANDO, FL	32839) Delete ETTY J ' DRIVE 32839) Delete RED /OOD DRIVE	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	ORLANDO, FL ST (WINSLOW, BE 4612 TINSLEY ORLANDO, FL P (LANGSTON, F 801 SPRINGW ORLANDO, FL	32839) Delete ETTY J ' DRIVE 32839) Delete RED /OOD DRIVE 32839) Delete I, STEPHEN / DRIVE	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	•	

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: BETTY WINSLOW TREA 01/05/2009