2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2008 8:00 am
Secretary of State
03-28-2008 90023 005 *****8.75
05-05-2008 90254 013 ****52.50

DOCUMENT # N44228

1. Entity Name
LOMA VISTA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5451 LOMA VISTA LOOP DAVENPORT FL 33896 US	5451 LOMA VISTA LOOP DAVENPORT FL 33896 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5411 LOMA VISTA LOOP	5411 LOMA VISTA LOOP
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVENPORT FL	City & State: DAVENPORT FL
Zip: 33896 Country: USA	Zip: 33896 Country: USA

4. FEI Number: 59-3079141 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARKOWSKI, BERNADETTE
5451 LOMA VISTA LOOP
DAVENPORT FL 33896

7. Name and Address of New Registered Agent

Name: JUDY BEACH
Street Address (P.O. Box Number is Not Acceptable): 5411 LOMA VISTA LOOP
City: DAVENPORT FL Zip Code: 33896

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: [signature] DATE: 3/17/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP O'ROURKE, CHRIS 5924 LOMA VISTA DR DAVENPORT FL 33896	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT O'ROURKE CHRIS 5924 LOMA VISTA DR. DAVENPORT FL 33896	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KING, CARMEN 5433 LOMA VISTA DR DAVENPORT FL 33896	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY JUDY BEACH. 5411 LOMA VISTA LOOP DAVENPORT FL 33896	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HEEKIN, JOHN 5474 LOMA VISTA LOOP DAVENPORT FL 33896	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER EMBERTON KEN 5478 LOMA VISTA LOOP DAVENPORT FL 33896	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDS, RALPH 5417 LOMA VISTA DR E. DAVENPORT FL 33896	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR KING CARMEN 5433 LOMA VISTA DRIVE DAVENPORT FL 33896	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GARKOWSKI, BERNADETTE 5451 LOMA VISTA LOOP DAVENPORT FL 33896	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SANDS RALPH 5417 LOMA VISTA DR E DAVENPORT FL 33896	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDS, JOANNE 5417 LOMA VISTA DR DAVENPORT FL 33896	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SANDS JOANNE 5417 LOMA VISTA DR E DAVENPORT FL 33896	☐ Change ☐ Addition

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: [signature] 3/17/08 8634247896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #