

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49629

FILED
Apr 27, 2009
Secretary of State

Entity Name: APPALOOSA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2840 VALKYRY WAY
CANTONMENT, FL 32533 US

New Principal Place of Business:

Current Mailing Address:

2840 VALKYRY WAY
CANTONMENT, FL 32533 US

New Mailing Address:

FEI Number: 59-3195210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCLAUGHLIN, ROBERT R.
2811 VALKYRY WAY
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

MCLAUGHLIN, ROBERT R PD
2811 VALKYRY WAY
CANTONMENT, FL 32533 US

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: ROBERT R MCLAUGHLIN

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCLAUGHLIN, ROBERT R
Address: 2811 VALKYRY WAY
City-St-Zip: CANTONMENT, FL 32533

Title: TSD () Delete
Name: BRAY, HERMAN
Address: 2840 VALKYRY WAY
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: DREW, JOHN
Address: 2894 VALKYRY WAY
City-St-Zip: CANTONMENT, FL 32533

Title: VD () Delete
Name: INFINGER, LANCE
Address: 2810 VALKYRY WAY
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCLAUGHLIN, ROBERT R PD
Address: 2811 VALKYRY WAY
City-St-Zip: CANTONMENT, FL 32533

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: MCLAUGHLIN ROBERT R

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date