

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50605

FILED  
Mar 01, 2010  
Secretary of State

Entity Name: DELTURA H.O.A., INC.

**Current Principal Place of Business:**

509 CATALINA DR.  
NORTH FORT MYERS, FL 33903 US

**New Principal Place of Business:**

1131 LA PALOMA BLVD  
NORTH FORT MYERS, FL 33903 US

**Current Mailing Address:**

529 VERSAILLES DRIVE  
SUITE 103  
MAITLAND, FL 32751 US

**New Mailing Address:**

FEI Number: 65-0387299      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COLLING, LEE JAY  
529 VERSAILLES DRIVE, SUITE 103  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

COLLING, P.A., LEE JAY  
529 VERSAILLES DRIVE, SUITE 103  
MAITLAND, FL 32751 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: LEE JAY COLLING

03/01/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BENJAMINS, GINNIE  
Address: 1131 LA PALOMA BLVD  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VPD  
Name: CUFFE, JOYCE  
Address: 6105 AVENIDA LAS COLINAS  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: SD  
Name: WILSON, ANNA  
Address: 305 SAN REMO LANE  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: TD  
Name: HARRELL, DAVID  
Address: 4003 AVENIDA DEL TURA  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D  
Name: RAMING, RON  
Address: 1215 BUENA VISTA DRIVE  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D  
Name: MOREAU, HENRY  
Address: 4105 AVENIDA DEL TURA  
City-St-Zip: NORTH FORT MYERS, FL 33903

I hereby 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 all other like empowered.

SIGNATURE: GINNIE BENJAMINS

PD

03/01/2010

Electronic Signature of Signing Officer or Director

Date