2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001567

FILED Apr 23, 2009 Secretary of State

Entity Name: METROWEST UNIT FIVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST ST 434 **SUITE 5000** LONGWOOD, FL 327795044 US **New Mailing Address: Current Mailing Address:** 2180 WEST ST 434 SUITE 5000 LONGWOOD, FL 327795044 US FEI Number: 59-3247584 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: HART, JAMES W JR SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BELL. RUDY Name: Name: 7730 BARDMOOR HILL CIR Address: Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: Title: () Delete Title: () Change () Addition SCHIFFHAUER, MICHAEL Name: Name: Address: 7778 BARDMOOR HILL CIR Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: Title: () Delete Title: (X) Change () Addition RICHARDS, ARTHUR FRANCOIS, MADELINE Name: Name: 7842 ST ANDREWS CIR Address: Address: 7805 ST GILES PL City-St-Zip: ORLANDO, FL 32835 City-St-Zip: ORLANDO, FL 32835 () Delete Title: SD Title: () Change () Addition Name: CALVANELLI, JUDY Name: 7754 BARDMOOR HILL CIR Address: Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: Title: () Delete Title: (X) Change () Addition GILES, LARRY BROWN, GEORGE Name: Name: 7818 BARDMOOR HILL CIR 7804 ST GILES PL Address: Address: ORLANDO, FL 32835 ORLANDO, FL 32835 City-St-Zip: 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: RUDY BELL PD 04/23/2009