

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003526

FILED  
Sep 17, 2009  
Secretary of State

**Entity Name:** BONNEVILLE PINES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

13726 GLASSER AVENUE  
ORLANDO, FL 32826 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 679147  
ORLANDO, FL 32867 US

**New Mailing Address:**

**FEI Number:** 59-3231583 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ATHRIDGE, LOUIS O  
13726 GLASSER AVENUE  
ORLANDO, FL 32826 US

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

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:**

Title: P ( ) Delete  
Name: ARROYO, NILDA  
Address: 2332 JUSTIN AVENUE  
City-St-Zip: ORLANDO, FL 32826

Title: VP ( ) Delete  
Name: ATHRIDGE, LOUIS O  
Address: 13726 GLASSER AVENUE  
City-St-Zip: ORLANDO, FL 32826

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ARROYO, NILDA  
Address: 2332 JUSTIN AVENUE  
City-St-Zip: ORLANDO, FL 32826 US

Title: VP (X) Change ( ) Addition  
Name: ATHRIDGE, LOUIS O  
Address: 13726 GLASSER AVENUE  
City-St-Zip: ORLANDO, FL 32826 US

Title: ARCH ( ) Change (X) Addition  
Name: VELEZ, JANNETTE ARCHITE  
Address: 2037 DONEGAN PL.  
City-St-Zip: ORLANDO, FL 32826 US

Title: ARCH ( ) Change (X) Addition  
Name: VELEZ, CECILIO  
Address: 2037 DONEGAN PL  
City-St-Zip: ORLANDO, FL 32826 US

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: NILDA ARROYO

P

09/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date